

Print and mail to:

**NEMESIS Alumni Association**  
**P.O. Box 604**  
**Port Hueneme, CA 93044-0604**

---

## **Membership Application**

---

First Name	MI	Last Name	Military Rank (if applicable)
------------	----	-----------	----------------------------------

---

Street Address

---

City	State	Zip Code
------	-------	----------

---

Phone	Email
-------	-------

Please provide a brief history of the department(s) and/or function(s) worked with, including dates, while employed or stationed at NSWSES/PHD NSWC: