



The OSS Society, Inc.

Membership Application

Membership Instructions and Dues

Please complete and return form to The OSS Society, Inc., 6723 Whittier Avenue, Suite 200, McLean, VA 22101-4533. Please include check for \$50 for annual membership dues made payable to "The OSS Society, Inc." Contact us at OSSSOCIETY@AOL.COM or 703-356-6667 with any questions. Visit our website for more information about The OSS Society at WWW.OSSSOCIETY.ORG. Please note that \$40 of the annual \$50 fee is tax deductible.

Applicant Information

Name:

Address:

City:

State:

Country:

Zip:

Home Phone:

Email:

Please select one membership category below and provide requested additional information:

Veteran Membership:

Any person who has honorably served with the Office of Strategic Service (or its predecessor, the Office of the Coordinator of Information) whether a member of the Army, Navy, Marines, Coast Guard, or a civilian.

Rank & Military Service:

OSS – COI Service:

Theater(s):

I certify that I am a veteran who honorably served in or performed distinguished wartime service with the OSS. (If possible, please attach copies of supporting documentation.)

Applicant Signature:

Date:

Please provide names and addresses of your children and grandchildren and other interested descendants along with this form. We will extend invitations to them to join the Society. If you would *not* like your name to appear in our newsletter, please initial here:



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Hereditary Membership:

Any person who is a direct descendant (child, grandchild), or collateral descendant (cousin, niece, nephew, aunt, uncle) of any person who has honorably served with the Office of Strategic Service (or its predecessor, the Office of the Coordinator of Information) whether a member of the Army, Navy, Marines, Coast Guard, or a civilian.

I certify that I am of descent of the following veteran who was in or performed distinguished wartime service for the OSS. (If possible, please attach copies of supporting documentation.)

Applicant Signature:		Date:	
Name/Relation of Relative:			
Rank & Military Service:			
OSS – COI Service:			

If you would *not* like your name to appear in our newsletter, please initial here:

Associate Membership:

Any U.S. citizen with a serious interest in OSS, including active and retired members of the U.S. Intelligence and U.S. Special Forces communities and the U.S. military. Please describe your relevant experience and/or interest in OSS. All applications under this category must be approved by The OSS Society's executive committee.

Please describe relevant experience and/or interest in OSS. Please attach a letter if additional space is needed. Please also attach a resume or c.v. and, if you know any members of The OSS Society, ask them to sign and print their signatures below.

Signature:

Date:

If you would *not* like your name to appear in our newsletter, please initial here:

OSSS Sponsor: _____ **OSSS Sponsor:** _____

For Official Use Only:

Application Approved

Application Disapproved