



THE OSS SOCIETY

Membership Application

After completing this form, please return it by clicking on "submit form" and attaching supporting documentation. You can also return it by mail to The OSS Society, Inc., 6723 Whittier Ave., #200, McLean, VA 22101. If you wish to pay your \$50 annual dues by check, please send it to the same address with your application form. Payment by credit card can be made online at ossociety.org/donate or by providing your credit card information below. If you have any questions, please contact The OSS Society at 703-356-6667 or by e-mail at oss@ossociety.org.

Name:	Date of Birth:	Place:
Address:	Citizenship:	Current Employment:
City:	State:	Country:
Zip:	Home Phone:	Email:
Credit Card: AM/MC/VS/DS	Number:	Expiration Date:

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

OSS/COI 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 as 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 and/or COI. (If possible, please attach supporting documentation.)

Applicant Signature:	Date:
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Hereditary Membership

Any person who is a direct or collateral descendant of any person who has served honorably with the Office of Strategic Services (OSS) or the Coordinator of Information (COI).

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

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

Associate Membership

Active duty and retired members of the U.S. intelligence and special operations forces communities and the U.S. military; and any U.S. citizen with a serious interest in OSS. Please attach a letter if additional space is needed. Please also attach a resume with your application. If you know any members of The OSS Society, please ask them to sign their signature(s) below as your sponsor.

OSSS Sponsor _____ OSSS Sponsor _____

By my signature below, I subscribe to The OSS Society's principles, code of ethics, and support its objectives. I understand that applications must be approved by The OSS Society's Executive Committee.

Signature _____ Date: _____