



THE OSS SOCIETY

MEMBERSHIP APPLICATION

After completing this form, please return it and the supporting documentation by scanning it and sending via email to oss@ossociety.org or return it by mail to: The OSS Society, Inc., 220 Spring Street, Ste. 220, Herndon, VA 20170. If you wish to pay your \$50 annual dues by check, please send it with your application form. Payment by credit card can be made online 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 OF BIRTH: _____

CITIZENSHIP: _____

CURRENT EMPLOYMENT: _____

HOME ADDRESS: _____

CITY: _____

STATE: _____

COUNTRY: _____

ZIP CODE: _____

HOME PHONE: _____

MOBILE PHONE: _____

E-MAIL: _____

CREDIT CARD NUMBER: _____

CREDIT CARD EXPIRATION DATE: _____

1 Year (\$50) 3 Years (\$150) 5 Years (\$250) 10 Years (\$500)

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. If possible, please provide supporting documentation.

RANK & MILITARY SERVICE: _____

OSS – COI SERVICE: _____

THEATER(S): _____

FOR OFFICE USE ONLY

DATE RECEIVED: ___/___/___

DATE CREDIT CARD CHARGED & AMOUNT: ___/___/___ \$_____

CHECK # & AMOUNT: _____/\$_____

DATE LETTER SENT: _____/_____/_____

DATE PMNT REQD: _____ RCV'D: _____



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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). If possible, please provide supporting documentation.

NAME/RELATION OF RELATIVE: _____
RANK & MILITARY SERVICE: _____
OSS – COI SERVICE: _____

OSS LEGACY MEMBERSHIP

Any person who has served honorably as a current or former member of a military or civilian organization of the United States involved in intelligence, counterintelligence, or special operations. If you served in the military, please provide a copy of your DD214 or ORB. If you did not serve in the military, please provide a copy of your resume or other supporting documentation. If you wish, you may also submit a letter describing your experience and interest in joining The OSS Society.

AGENCY/MILITARY BRANCH: _____
DATES OF SERVICE: _____

ASSOCIATE MEMBERSHIP

Any person not eligible to apply under the three other membership categories. Please use the space below to explain your interest in the OSS, any relevant experience, and your interest in joining The OSS Society. If you need additional space, you may submit a letter with your application.

I certify that I meet the criteria for the membership category I have selected. 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.

DIGITAL SIGNATURE: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____