



**House Chiefs of Staff  
Alumni Association**

FOUNDED IN 1988

## Membership Application

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

Address Line 2 (optional): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What is your current workplace? \_\_\_\_\_

In which office(s) were you Chief of Staff? \_\_\_\_\_

What year did you leave the hill? \_\_\_\_\_

Please print and fill out the Membership Application and mail it with your check to:

HCOSAA  
P.O. Box 15906  
Chevy Chase, MD 20815

Please make checks payable to: HCOSAA