



**Fleet Reserve Association  
USS Indianapolis Memorial Branch 130  
Newsletter for August 2023**

FRA Branch web site [www.fra130indy.org](http://www.fra130indy.org)

FRA National web site [www.fra.org](http://www.fra.org)

**Branch 130 Officers for Association Year 2023 & 2024**

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***Next Meeting*** of FRA USS Indianapolis Memorial Branch 130 monthly meeting will be held in the Greenwood VFW Post 5864 at 1842 Veterans Way, Greenwood IN 46143 (Phone Number 317-888-2488) on ***MONDAY August 7, 2023 at 1800 hrs.*** Refreshments are available at the bar. For more information about directions, or any other concerns, please contact ***Branch Secretary Hayes*** (317-258-0000).

***Shipmate President Marlett*** called the meeting to order on Monday July 18 10, 2023 at 1816 hours. Opening Prayer, Pledge of Allegiance, and the FRA Preamble were recited. We had 8 members in attendance.

### **Minutes of the last meeting:**

- Read and approved.

### **Treasurer's report:**

- Read and approved.

### **The following topics were discussed.**

- 50/50 was \$0.00.
- North Central and South Central Regions merging.
- Donation for NED.

### **Correspondence:**

- Newsbytes - Branches 316, 136, 161, and 298 Newsletters - NRC Squawk Box.

### **Chaplain Affairs *Chairman: George Dow***

- Not present.

### **Membership and Retention *Chairman Eugene Maresca***

- 80 members / 0 gain / 0 loss/transfer / 0 join/reinstated / 3 past due Ammons A. - Roth D. - Wright R. / 3 Ready to renew Davis D. - Hayes J. - Rachwitz E. / 0 Terminated.

### **Public Relations *Chairman Jerry Bennett***

- News Release to The Southsider Voice; The Southside Times; The Johnson County Daily Journal and the Indianapolis Star.

## Unfinished/Old Business:

- The booth at the Freedom Fest needs to be set up by 1500.
- The Blue Angels will be at the Greenfield Airport on October 28 and 29.

## New Business:

- The Question of North Central and South Central Regions merging Tabled till next month.
- A motion was made and seconded to Donate \$25 to Fleet Reserve Association Veterans' Service Foundation in Memory of Christopher J. Slawinski the National Executive Director of the Fleet Reserve Association.

## Good Of The Order:

Shipmate Bennett gave a talk about poverty simulation.

*Shipmate President Marlett* closed the meeting at 1848 hrs.

Join FRA: Membership Application	
I hereby certify I meet the FRA eligibility requirements of being a current or former enlisted member of the Navy, Marine Corps or Coast Guard. I would like to join for: <input type="checkbox"/> 1 Year, \$40 <input type="checkbox"/> 2 Years, \$64 (first time members) <input type="checkbox"/> 2 Years, \$75 <input type="checkbox"/> 5 Years, \$180	
Name: _____	Rate/Rank: _____ Previous FRA Membership No.: _____
Address: _____ <small>Street Lot/Space City State Zip Code</small>	
Date of Birth: _____	Social Security No. (Optional): _____ <input type="checkbox"/> FRA Branch No.: _____ <input type="checkbox"/> Member at Large
Service: <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> USCG	Status: <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired <input type="checkbox"/> Veteran Spouse's Name: _____
Phone: ( ) _____	E-mail Address: _____
Sponsored By: _____	Member No.: _____ Branch No.: _____
Applicant's Signature: _____	Date: _____
<small>FRA dues are not tax deductible as a charitable contribution for Federal income tax purposes, however, they may be tax deductible under other provisions of the Internal Revenue Code. Membership dues include a \$40 annual subscription to FRA's monthly magazine. Life Membership information available on <a href="http://www.fra.org">www.fra.org</a> or by calling 1-800-FRA-1924.</small>	
Payment Options: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Check or Money Order Enclosed	
Amount: _____	Credit Card No.: _____
Exp. Date: _____	Signature: _____

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FRA Membership Receipt	
Date of application: _____	_____
Name: _____	_____
Address: _____ <small>Street Lot/Space City State Zip Code</small>	_____
Dues Paid: _____	_____
FRA Representative Signature: _____	_____

