

MEMBERSHIP APPLICATION 508 CHAPTER, 82ND AIRBORNE DIVISION ASSOCIATION, INC.

FORMAL NAME (No Nicknames) _____ DATE OF BIRTH _____

STREET _____ CITY _____ STATE _____

9-DIGIT Zip _____ ASN _____ (or) SSAN (Last 4) _____

MARITAL STATUS _____ SPOUSE'S NAME _____ NUMBER OF CHILDREN _____

OCCUPATION _____ HOME #: _____ CELL #: (_____) _____

EMAIL _____ SIGNATURE _____ DATE _____

____ ANNUAL MEMBERSHIP FOR YR 2014 \$35.00 PLUS _____ ED FUND &/OR _____ WOUNDED WARRIOR FUND

____ LIFETIME MEMBERSHIP (\$250.00 FOR 49 YEARS AND UNDER OR \$175.00 FOR 50 YEARS +) \$ _____

____ ACTIVE DUTY MILITARY, RESERVE, NAT. GD – Current Rank and Date of Rank: _____

____ RETIRED MILITARY – Retired Rank and Date Departed Active Military Service _____

____ MILITARY VETERAN – Rank and Date Departed Military Service _____

508 UNIT: _____ Location _____ FROM MO/YR _____ TO MO/YR _____

Combat Tour Location: _____ FROM MO/YR _____ TO MO/YR _____

NEW MEMBERS MUST INCLUDE PROOF OF AIRBORNE QUALIFICATION

MAIL TO: KEN HAMILL; 2207 Coventry Drive; Columbus, GA 31904-5034