

New Membership Application - Please pass this along to prospective members

25TH INFANTRY DIVISION ASSOCIATION



Name: _____ Spouse name: _____
Street: _____
City: _____ State: ____ Zip: _____

25th Unit(s) served with: _____

Dates of 25th service: _____

Attach copies of your DD-214 or other documentation of service.

Email Address: _____ Phone: _____

Check all that apply: Dues: Annual \$30 *Note: New Dues Rates Effective 1 June 2011*

Lifetime - Your Age: Less than 30 \$415 31-40 \$385 41-50 \$305 51-60 \$220 61-70 \$145 71+ \$90

Donations: Memorial Fund \$_____ General Fund \$_____ Scholarship \$_____ Archives \$_____ Soldier Support \$_____

Make checks payable to: "25th Infantry Division Association" or complete the credit card payment below.

Credit Card Payments - Check (✓) one: Discover Visa MasterCard American Express

Name of Cardholder: _____

Card Number: _____ Expiration Date: _____

Signature of Cardholder: _____ Date: _____

Mail to: **25th Infantry Division Association, Post Office Box 7, Flourtown, PA 19031-0007**

Address Change?

Please PRINT clearly and mail to: Editor
Tropic Lightning Flashes
PO Box 7
Flourtown PA 19031.0007

Name: _____

Old Address: _____

City State Zip: _____

New Address: _____

City State Zip: _____



25th Infantry Division Association Auxiliary Membership Application

Your Name: _____

Spouse or family member name: _____

He/she is (✓) Annual Lifetime Member of the 25th Inf. Div. Assn.

His or Her 25th Unit(s) served with & dates: _____

Street: _____

City: _____ State: ____ Zip: _____ Email: _____@_____

Home Phone: (____) _____ Work Phone: (____) _____ Fax: (____) _____

Check (✓) Annual \$10 Lifetime \$75

Comments/Suggestions: _____

Make checks payable to: "25th Infantry Division Auxiliary" and mail to:
Mrs. Pat Kauffman, Secretary/Treasurer, 616 Schwab Road, Hatfield, PA 19440-3203