

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: \_\_\_\_\_

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

Dates of 25th service: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*Check all that apply:* Dues: Annual  \$25 [Note: New dues rates effective January 1, 2008]

Lifetime - Your Age:  Less than 30 \$375  31-40 \$355  41-50 \$275  51-60 \$200  61-70 \$130  71+ \$50

Annual Auxiliary \$10  Lifetime Auxiliary \$75

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**