

**Mail your application with dues to your chapter representative or mail to
82nd Abn. Div. Assn., PO Box 9308, Fayetteville, NC 28311-9308**

(82nd ACTIVE DUTY PERSONNEL — SEE YOUR FIRST SERGEANT)

New Members MUST complete all parts of application.

MEMBERSHIP APPLICATION

82nd Airborne Division Association

Please Print

Telephone (____) _____ Renewal New Member Reinstatement

Enclosed is \$15.00, my membership dues for the year _____, subscription to THE PARAGLIDE included.

Enclosed is \$16.00, an additional \$1.00 for the Educational Fund.

Enclosed is \$ _____ for Life Membership (\$150 if under 50 years of age / \$100 if over 50 years of age. DOB:(____))

Name _____ Street/or R.F.D. _____

City _____ State _____ Zip Code (9 digit) _____

Rank _____ ASN _____ or SSN _____

Airborne Unit (Be Complete) _____

Date of Airborne Service: From _____ To _____
Month Year Month Year

Present Occupation _____ Single Married Spouse's Name _____ #of Children _____
(PLEASE FILL IN ABOVE COMPLETELY)

Chapter Preference _____ E-mail address: _____

New member MUST include proof of glider/airborne qualifications or service with the 82nd Airborne Division.