

# 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**  \$25

**Lifetime - Your Age:**  Less than 30 \$770  31-40 \$645  41-50 \$500  51-60 \$350  
 61-70 \$225  71+ \$200

Donations: General Fund \$ \_\_\_\_\_ Memorial 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: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ CVC Code \_\_\_\_\_  
(3 digits on back of card except 4 digits on front of AMEX)

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

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



## Tropic Lightning Heritage Society Membership Application

Your Name: \_\_\_\_\_

Relative who served with the 25th?  Yes  No

If "Yes", his or her name and 25th Unit(s) served with & dates: \_\_\_\_\_

Reason for your interest in the 25th Infantry Division: \_\_\_\_\_

Your Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Check (✓)  **Annual Membership \$10** or  **Lifetime Membership \$75**

**Annual Subscription to Tropic Lightning Flashes \$20** (for Annual or Lifetime Society Members Only)

Comments/Suggestions: \_\_\_\_\_

Make checks payable to: "Tropic Lightning Heritage Society" and mail to:

**Jeanette Murrell • 5703 S. 320 Street • Auburn • Washington • 98001**