

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**  \$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 \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (3 digits on back of card except 4 digits on front of AMEX)

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: \_\_\_\_\_

