

MEMBERSHIP APPLICATION **ALAMO CHAPTER 82D AIRBORNE DIVISION ASSOCIATION**



Please Print Telephone () Enclosed is \$15.00, my membership dues for the yea Enclosed is \$16.00, an additional \$1.00 for the Educa Enclosed is \$ for Life Membership (Name City Rank	r, subscription ational Fund.		□ Reinstat	lement	
Enclosed is \$16.00, an additional \$1.00 for the Educa Enclosed is \$ for Life Membership (Name City	ational Fund.	to THE PARAGLIDE included.			
Enclosed is \$ for Life Membership (Name City		*			
Name	ALES 00 17				
City	\$150.00 if under 50 years	of age / \$100.00 if over 50 years	of age. DOB:(_)	
	Street / or R.F.D				
Rank	State	Zip Code (9digit)			
	ASN	or SSN	W/151111-152		
Airborne Unit/s (Be Complete)					
Date of Airborne Service: From Month		_To	Month Year		
Present Occupation	gle L Married (PLEAS	E FILL IN ABOVE COMPLETEL	Name #0 Y)	n Children	
Chapter Preference		Email Address:		Marine Concerning of the	
New members MUST include	proof of glider/airborne qua	alifications or service with the 82	^{ad} Airborne Divis	ion	
Mail to		, 82d Abn Div Assoc			
	D.G. Harris (Se				
	3551 Rock Cre	ek Run FX 78230-3841			

NOTE: <u>New members MUST include proof of glider/airborne qualifications.</u> Preferred Proof: Copy of DD-214 or orders