

Membership Form
for the
87th Infantry Division Legacy Association
Please type or print

Member Name: _____ **Unit Affiliation:** _____ **Date:** _____

Address: _____

City: _____ **STATE:** _____ **ZIP CODE:** _____

Email: _____

Required to receive the Golden Acorn News – Legacy Edition - **PRINT CLEARLY AND LEGIBLY!**

TELEPHONE NUMBER(S):

Home: _____ **Work:** _____ **Cell:** _____

DUES: *Calendar year dues include spouse and are to be paid by January 31st of each year.*

Check one:

- | | |
|---|------------------|
| <input type="checkbox"/> 87th Infantry Division Veteran: | \$5.00 per year |
| <input type="checkbox"/> Acornette: (Widow of 87 th Inf. Div. Veteran): | \$5.00 per year |
| <input type="checkbox"/> Family and Friends | \$10.00 per year |

Year(s) for which you are paying: _____ Dues enclosed: \$ _____

Additional Contributions (optional-Tax Deductible):

General Fund \$ _____

Sponsor Veteran Reunion Attendance Fund \$ _____

Optional mailed hard copy of the GAN-LE (\$15.00 per year) \$ _____

Optional donation to the Tim Higgins Memorial Scholarship Fund \$ _____

Total included with membership form: (Check or Money Order Only) \$ _____

Please make checks payable to: **87thIDLA** (87th Infantry Division Legacy Association) **not** Tim Muilenburg.

Send form and check to:	Tim Muilenburg	membership@87thinfantrydivision.com
(Do Not Send Cash)	1010 Fairway Lane	(319) 270-3587
	Conway, SC 29526	

Information about you and/or family members:

Relationship to 87th Inf. Div. veteran: _____

Veteran Name and Unit: _____ Living or Deceased: _____

Would you be willing to help with mailings, phone calls, other? _____

Please tell us about recent changes in your life that you would like to share with your fellow Acorns.

