

# THE 28<sup>TH</sup> INFANTRY DIVISION ASSOCIATION

## MEMBERSHIP APPLICATION AND ANNUAL DUES RENEWAL FORM

NEW MEMBER

DEPLOYMENT

RENEWAL

DATE RETURNED \_\_\_\_\_

Renewal application, please provide  
any changes or new information

NAME \_\_\_\_\_ SSN \_\_\_\_\_

Last First MI Last Four Digits

ADDRESS \_\_\_\_\_

Street City State Zip Code

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

WOULD YOU LIKE YOUR NEWSLETTER AND UPDATES SENT TO YOUR EMAIL? YES \_\_\_\_ NO \_\_\_\_

SPOUSE NAME \_\_\_\_\_ DATES OF SERVICE \_\_\_\_\_

UNITS OF AFFILIATION \_\_\_\_\_

**\$15.00 ANNUAL ASSOCIATION DUES \$15.00**

ADDITIONAL DONATION FOR THE MEMORIAL FUND \* AMOUNT \$ \_\_\_\_\_

ADDITIONAL DONATION FOR THE SCHOLARSHIP FUND\*\* AMOUNT \$ \_\_\_\_\_

\*, \*\* See reverse side of the form for more information

TOTAL AMOUNT \$ \_\_\_\_\_

CIRCLE APPLICABLE CATEGORY: ACTIVE / RETIREE / FAMILY & FRIENDS OF THE ASSOCIATION / OUTSIDE US MEMBER

### LIFE MEMBERSHIP

AGE 45-49 \$300.00 AGE 50-54 \$250.00 AGE 55-59 \$200.00 AGE 60-64 \$159.00 AGE 65+ \$100.00

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINT AND MAIL WITH CHECK OR MONEY ORDER MADE PAYABLE TO:

28<sup>TH</sup> INFANTRY DIVISION ASSOCIATION

1400 CALDER STREET BUILDING 8

HARRISBURG, PA 17103-1297

INFORMATION: VISIT OUR WEB SITE AT: [www.28thinfantrydivisionassoc.org](http://www.28thinfantrydivisionassoc.org) or PHONE US AT 717-497-0765

USE THE REVERSE SIDE IF YOU WOULD LIKE TO PROVIDE ANY ADDITIONAL INFORMATION FOR HISTORICAL PURPOSES

28<sup>th</sup> ID Association May 2020

# THE 28<sup>TH</sup> INFANTRY DIVISION ASSOCIATION

HIGHEST RANK HELD \_\_\_\_\_ YOUR MOS/BRANCH \_\_\_\_\_ WARTIME SERVICE YES \_\_\_\_\_ NO \_\_\_\_\_

PLACE ENTERED ON ACTIVE DUTY \_\_\_\_\_

TRAINING CENTER(S) \_\_\_\_\_

POW: YES \_\_\_\_\_ NO \_\_\_\_\_ WHERE \_\_\_\_\_ WOUNDED: YES \_\_\_\_\_ NO \_\_\_\_\_

ANY ADDITIONAL INFORMATION YOU WISH TO ADD (I.E., DECORATIONS, AWARDS, E.T.):

NOTE ANY SPECIAL EVENTS OR ACTIONS WHICH YOU MAY RECALL AND WHY:

LIST ANY MEMBERS IN YOUR UNIT/COMPANY/PLATOON AND THEIR LOCATION (IF KNOWN):

PLACE OF DISCHARGE: \_\_\_\_\_

**\*MEMORIAL FUND:** For the maintenance and construction of 28<sup>th</sup> ID monuments.

**\*\*SCHOLARSHIP FUND:** For the MG John Frederick Hartranft, SSG Walter K. Chmiola Jr., S-SGT Chandler H. Capps Jr., and CMS Richard K. Fonner Annual Scholarships

**ASSOCIATION USE ONLY**

DATE RECEIVED \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_ AMOUNT RECEIVED \_\_\_\_\_ CARD MAILED \_\_\_\_\_

DATE REVIEWED \_\_\_\_\_ DATE ENTERED IN DATABASE \_\_\_\_\_ DATE FILED \_\_\_\_\_

NOTES: