

MEMBERSHIP



APPLICATION

Name: _____ Sex: Male Female
Last Name First Middle

Address: _____
Street, RR, or PO Box Apartment # City State Country 9 Digit Zip Code

Membership Status: Veteran Widow of Veteran Child of Veteran Supporter
(Or widower) (Or grandchild)

Spouse's Name (or nearest of kin)

Phones: () - () - () -
Home Phone Cell Phone Fax Phone

Electronic Mail address: _____

Name and relationship of Person who served with the Division _____

The following information relates to the person who served with the Division

Military

Assignment _____
Platoon Company Troop Battalion Battery Regiment Brigade

With 7th ID from: _____ To: _____ Highest Rank: _____ DOB: _____

For the following questions, use the back of the form if you need more room.

Overseas Assgnts; Major Battles: _____

Awards & Decorations: _____

Service Medals: _____

Signature Date of Application

Recommended By 7th IDA Member: _____
Name Address

PLEASE PRINT OR TYPE the above information. Biennial dues are \$50.00 payable July 1st in the odd year. If you are joining in an even year your initial dues requirement is \$25.00 to pay you up to June 30th of the next odd year.

MAIL THE COMPLETED FORM AND CHECK TO: 7th Infantry Division Association
518 Hilinai St.
Wailuku, HI 96793-9426

Phone: (808) 268-9172

New Members are immediately placed on our mailing list and receive a paid up membership card, lapel pin, auto decal, copy of our current newsletter, and a copy of our Constitution and Bylaws.