

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

MEMBER NAME _____ **Date** _____
ADDRESS _____ **Unit** _____
CITY _____ **STATE** _____ **ZIP CODE** _____
Affiliation _____

EMAIL: _____
Required to receive the Golden Acorn News – Legacy Edition - **PRINT CLEARLY AND LEDGIBLY!**
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:

87th Infantry Division Veteran: \$5.00 per year
 Acornette: (Widow of 87th Inf. Div. Veteran): \$5.00 per year
 Family and Friends \$10.00 per year

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

Additional Contributions (optional-Tax Deductible): General Fund \$ _____

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

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

Please make checks payable to: 87th Infantry Division Legacy Association (**87thDLA**).

Send form and check to: Tim Muilenburg membership@87thinfantrydivision.com
(Do Not Send Cash) 5870 Woodbridge Crest (319) 270-3587
Marion, IA 52302

Information about you and/or family members:

Relationship to 87th Inf. Div. veteran: _____

Veteran Name and Unit: _____ Living or Deceased: _____

Your occupation and/or place of employment: _____

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