



SOCIETY OF THE FIRST INFANTRY DIVISION
452 Grant Avenue. P.O. Box 1127
Junction City, KS 66441



MEMBERSHIP APPLICATION or RENEWAL

DATE: _____

TITLE: _____ NAME: _____
(RANK or Mr/Mrs/Ms) (FIRST) (MIDDLE INITIAL) (LAST) (Sr/Jr/II/III/etc.)

LAST 4 DIGITS OF SSN: _____ Please check if you **do not** want your contact information
(REQUIRED) listed in the "Members Only" online directory in our website.

COMPLETE TO APPLY FOR MEMBERSHIP OR TO UPDATE OUR RECORDS:

MAILING ADDRESS (ADDRESS WHERE YOU WANT YOUR MEMBERSHIP MATERIAL MAILED TO.)

(STREET) (CITY) (STATE) (ZIP CODE)

PHONE: (____) _____ - _____ EMAIL: _____
(Will not be released for any purpose, including the website.)

YOUR SERVICE WITH THE BIG RED ONE (Please check all that apply.)

WW II VIETNAM COLD WAR PEACETIME GULF WAR BALKANS IRAQ
 AFGHAN

UNIT SERVED IN OR PRESENT UNIT: _____
(COMPANY) (BATTALION/REGIMENT) (BRIGADE)

SELECT A MEMBERSHIP TYPE (please check one)

ALL MEMBERSHIP TYPES INCLUDE A SUBSCRIPTION TO THE BRIDGEHEAD SENTINEL AND THE ANNUAL CALENDAR

ANNUAL:

VETERANS

REGULAR (\$30 per year)
 EXECUTIVE (\$60 per year)

ASSOCIATES (Family and Friends of the BRO)

REGULAR (\$30 per year)
 EXECUTIVE (\$60 per year)
 BUSINESS (\$100 per year)

ACTIVE DUTY ONLY

(currently serving with the BRO)

E-8 TO O-8 (\$15 per year)
 E-1 TO E-7 (\$10 per year)

RANK (required): _____

WIDOWS/WIDOWERS OF BIG RED ONE VETERANS:
(FREE)

LIFE

ACTIVE DUTY AND VETERANS

UNDER 39 (\$400)
 40 - 49 (\$350)
 50 - 59 (\$300)
 60 - 69 (\$250)
 70 - 79 (\$200)
 over 80 (\$100)

I would like to make an additional tax deductible contribution of \$ _____, to be used for

- the **Society's General Fund** _____ or
 the **BRO Support Fund** _____ that supports active duty soldiers and their families.
 Where it is most needed _____

(NOTE: Donations of \$100 or more will be recognized as **Century Club** members in the Bridgehead Sentinel.)

ENCLOSED IS MY CHECK PAYABLE TO THE **SOCIETY OF THE FIRST INFANTRY DIVISION**

- or -

PLEASE CHARGE MY (CIRCLE ONE): VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CARD #: _____ EXP DATE: ____ / ____ CVC: _____
(month) (year) (code on back of card)

SIGNATURE: _____ **(CVC CODE & SIGNATURE REQUIRED)**

Return this form and your check, if applicable, in the pre-addressed envelope provided. If paying by credit card, you may fax this form to (785) 579-6762.

***** THANK YOU FOR YOUR SUPPORT! *****