

---

New Members MUST complete all parts of this Application

Telephone  
( ) \_\_\_\_\_,  
(Please Print)

**MEMBERSHIP APPLICATION**

82<sup>ND</sup> AIRBORNE DIVISION ASSOCIATION, INC.  
/\_\_\_/ Renewal /\_\_\_/ New Member /\_\_\_/ Reinstatement

Enclosed is \$15.00, my membership dues for year \_\_\_\_\_, subscription to the PARAGLIDE included.

Enclosed is \$16.00, which includes the above and \$1.00 for the Educational Fund

Enclosed is \$\_\_\_\_\_ for a Life Membership (\$150 if Under 50 Yrs. of age / \$100 if Over 50 Yrs. of age) DOB (\_\_\_\_\_)

Name: \_\_\_\_\_ Street/RFD: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code (9 Digit): \_\_\_\_\_ - \_\_\_\_\_.

Rank: \_\_\_\_\_ ASN: \_\_\_\_\_ or SSN: \_\_\_\_\_

Airborne Unit (Be Complete): \_\_\_\_\_

Date of Airborne Service - From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Year Month Year

Present Occupation: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ # of Children: \_\_\_\_\_

(PLEASE FILL IN ABOVE COMPLETELY)

Chapter Preference: \_\_\_\_\_

New Member MUST include Proof of Glider / Airborne qualifications or service with the 82<sup>nd</sup> Airborne Division

**MAKE CHECK PAYABLE TO: ATLANTA ALL AIRBORNE CHAPTER**

**MAIL TO: ATLANTA ALL AIRBORNE CHAPTER**

c/o: Richard Arsenault

4575 Willow Oak Trail

Powder Springs, GA 30127-6419

Use reverse side for any additional information

---