



**SOCIETY OF THE FIRST INFANTRY DIVISION
1933 MORRIS RD
BLUE BELL, PA 19422-1422**



2012 MEMBERSHIP APPLICATION / RENEWAL (expires 12/31/12)

DATE: _____

TITLE: _____ **NAME:** _____
(RANK or MR/MRS/MS) (FIRST) (INITIAL) (LAST) (SUFFIX - MD, RET, etc)

LAST 4 DIGITS OF SSN: _____ If you *do not want* your contact information (Name, address, email, era, unit) listed in the online **Members Only**
(REQUIRED) online directory on our website, please check here (you will not gain access to the site if you are not listed)

COMPLETE TO APPLY FOR MEMBERSHIP OR TO UPDATE OUR RECORDS:

MAILING ADDRESS

(STREET) (SUITE # / APARTMENT # or BOX #)

(CITY) (STATE) (ZIP CODE+4)

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

EMAIL: _____

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

WW II VIET NAM COLD WAR PEACETIME GULF WAR BALKANS IRAQ AFGHAN

UNIT: COMPANY _____ BATTALION _____ REGIMENT _____ BRIGADE _____

YEARS OF SERVICE (with the BRO): _____ to _____

SELECT A MEMBERSHIP TYPE (please check one)

ALL MEMBERSHIP TYPES INCLUDE A SUBSCRIPTION TO THE BRIDGEHEAD SENTINEL AND, IF YOU DESIRE THE ANNUAL CALENDAR, CLICK HERE

ANNUAL VETERAN

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

ANNUAL ASSOCIATES

(Family and Friends of the BRO)

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

LIFE - VETERANS

- UNDER 39 (\$400)
- 40 - 49 (\$350)
- 50 - 59 (\$300)
- 60 - 69 (\$250)
- 70 - 79 (\$200)
- over 80 (\$100)
- Widows/Widowers of BIG RED ONE Veterans** FREE

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.
 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 & SIGNATURE REQUIRED**

Return this form with your check or money order or with credit card information. If paying by credit card, you may fax this form to (215) 661-1934.

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