

Membership Form
for the
87th Infantry Division "Legacy" Association

Please type or print

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____
(including plus four numbers)

TELEPHONE NUMBER(S):

Home: _____

Work: _____

Cell: _____

EMAIL ADDRESS _____

Dues: All dues must be paid by January 31st of each year

Regular Members: \$10.00 per year

Veterans: \$5.00 per year

Accornettes: \$5.00 per year

Year or years for which you are paying _____

Additional Contributions:

General Fund \$ _____

Other \$ _____

Total included with membership form: \$ _____

Please make checks payable to: 87th Infantry Division "Legacy" Association

Send form and check to: Karen Lilley
22 Linden Street
Boylston, MA 01505

Information about you and/or family members:

- Are you a current member of the 87th Infantry Division Association? yes no
If yes, indicate member type and unit affiliation: Veteran Acornette Associate Unit
- Relationship to a veteran, if any: _____
- Name of veteran and unit: _____
- Your occupation and/or place of employment: _____
- Specific interests or comments: _____