

THE 24TH INFANTRY DIVISION ASSOCIATION MEMBERSHIP APPLICATION



I desire to be: Enrolled (or) Reinstated; as a Member (or) Associate Member (please check the proper two boxes) of the 24th "Victory Division" Association The Greatest Combat Division the United States Army has ever known.				
	.00 Payable in one sum			
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NAME				
ADDRESS				
CITY	STATE 2	ZIP CODE+4	<del>-</del>	
PHONE	EMAIL	@	0	
OCCUPATION	SPOUSE'S NAME			
Served <u>IN</u> the 24th Divis	ion, <u>OR</u> was Member of Ar	ıy Unit Ever Atta	iched <u>TO</u> the 24th	at any time.
Unit:(e.g., 5th, 19th, 21st, 3rd En	g, etc.)	_ Plt/Bat Co	Bn	
Location Served:(e.g., Pearl H.,WWII, Jap	Fro pan, Korea, Germany, Ft. Stewart	m (Yr.)To ( , Lebanon, Somalia, I	Yr.) Desert Storm, Ft. Riley,	etc.)
POW: From (Yr.) To (Y	⁷ r.)			
Other Unit Served With:	From (	Yr.) To (Yr.	.)	
Sponsor (not necessary):				
Comment:				

* - Note: Due to expenses incurred in running the Association, i.e. Taro Leaf Publishing, issuing Life Member Cards, banking fees, etc., all fees paid are non-refundable.

Please make checks in above amount payable to the **"24th Infantry Division Association"** and mail with this completed application to the Treasurer:

Jack Johnson 25310 E 258th St Harrisonville, MO 64701