



101st Airborne Division Association, Inc.

NATIONAL HEADQUARTERS

32 Screaming Eagle Blvd. / P.O. Box 929

Fort Campbell, KY 42223

Phone: (931) 431-0199 Fax: (931) 431-0195

Email: semag101st@comcast.net

Website: www.screamingeagle.org

ELIGIBILITY: Anyone who was assigned, attached or are presently assigned to the 101st Airborne Division can become a regular member of the Association. The Association also welcomes as associate members anyone who is interested in the 101st Airborne Division Association.

To maintain our non-profit 501 (c) (19) status with the IRS the Association must have proof of your military service is some type of document such as a copy of your DD form 214, orders to the 101st, military award orders, military promotion orders, copy of military ID, or VA Card, etc. This list is not limited to just those documents but anything that proves you are a veteran.

Please check the applicable box: New Member Reinstatement Gift

Enclosed is \$30.00 for a one-year membership, which includes *The Screaming Eagle* publication.

Note: International members must enclose an additional \$30.00 per year for the mailing of *The Screaming Eagle*.

Name: _____ Rank: _____ Retired

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Date of Birth (mo/day/yr): _____

Referred By: _____

Chapter affiliation: _____

Please furnish the applicable information and complete those blanks you wish to have as part of your Association records:

101st Unit you served with or was attached to: Co/Btry _____ BN _____ Major Unit (Bde/Regt) _____

Dates of 101st Service: From _____ To: _____

If you did not serve with or was not attached to the 101st, are you a veteran? YES NO

Are you or were you the spouse of a veteran? YES NO

Are you a descendant of a veteran? YES NO

Please specify branch of service, unit and dates of service if you did not serve with or was not attached to the 101st

Check Enclosed or Charge my Visa MasterCard American Express Discover \$ _____

Card Number _____ Expiration Date: _____

Signature (required if paying by credit card) _____

I do I do not Authorize the 101st Airborne Division Association to release my address to other 101st Airborne Division Association members. (Disclosure is voluntary)

Signature: _____ Date: _____