



SECOND INFANTRY REGIMENT ASSOCIATION MEMBERSHIP APPLICATION AND RENEWAL FORM

If renewing, fill out name, address, and any information you wish updated.

Type of Membership: _____ NEW _____ RENEWAL

Membership: Annual dues \$ 5.00 Life membership \$ 25.00

Name: _____ Spouse Name: _____

Address: _____

Phone: _____

Email Address: _____

(It is more economical for the Association to communicate electronically.
If you don't have email or if you prefer, all correspondence can be mailed to you.)

I prefer to receive correspondence via: _____ Email _____ US mail

Dates of service with the regiment: _____

(If you know the month and year please enter YRMO IE: August 1968 = 6808)

Area (s) of operation i.e. State Side, Normandy, Rhineland, WWII, Vietnam, Germany, Bosnia, Kosovo, Iraq, Afghanistan, etc. _____

Battalion _____ 1 _____ 2 _____ 3 _____ Other

Company _____ A _____ B _____ C _____ D _____ HHC

Other unit _____

Any information you feel appropriate, such as rank held, medals awarded, or duties performed during service:

Please mail your form, along with your check made out to: 2^D INFANTRY REGIMENT ASSOCIATION

c/o Kathryn J. Grzywinski
2832 188th Street
Lansing, IL 60438-3402

Today's Date: _____