



## Membership Application & Update Form 2008 ~ 2009

Mail this application with your check or money order in U.S. funds to:

**Jim Ahlfeld**  
96 Laurel Ave.  
Larchmont, NY 10538-2317

**Biennial Dues** \$25.00 Payment must be by Money Order or Personal or Business Check, payable in U.S. funds to:

**720th MP Bn. Reunion Assn.**

Cut off date for listing on this business cycle membership roster is 1 March.

### Membership Qualifications

If you downloaded this form from the association website <http://720mpreunion.org/> visit the specific Membership Page.

If you received this form by mail review the Membership Qualifications information on the back. If you still have a question please call the Tom Watson at 864-391-2661 (EST), before submitting.

<b>This space for association use only</b>	
Date Received & by	<input type="text"/>
Payment Number	<input type="text"/>
Application Approved By	<input type="text"/>
<input type="checkbox"/>	Check if additional notes on back

Please complete the following, print clearly. All information in shaded blocks is mandatory, all clear blocks are optional. Incomplete applications will be returned.

**Check One Only**

- Lifetime Member     Biennial Member     Member Update  
 Active Duty Member     Legacy Member

Members Full Formal Name

Date Of Birth

If Legacy Member print name of deceased Veteran

First Name of Spouse

Affix mailing label or print Address - Include Zip Code with +4 if known

Primary Telephone Number

Other Telephone Number

E-Mail Address

Your or deceased Veterans Battalion Service Time Line, Unit(s) & Rank  
 Example: B Company 1968-1969 Rank

Veterans Military Rank if retired

Your Signature

Date

If additional space is needed please attach a note.