



501 (c) 19

101st Airborne Division Association, Inc.

32 Screaming Eagle Blvd / PO Box 929

Fort Campbell, KY 42223

Phone: 931-431-0199

Email: membershipadmin@comcast.net

Website: www.screamingeagle.org

Eligibility: Anyone who was assigned, attached or presently assigned or attached to the 101st Airborne Division can become a regular Member of the Association. The Association also welcomes as Associate Members, veterans of other services and family of anyone who served in the 101st Airborne Division

To maintain non-profit 501 (c) (19) status with the IRS, the Association requires proof of military service such as, but not limited to, a copy of your DD form 214 or orders from the 101st for full membership. Acceptable documents include, copies of assignment, promotion, awards or similar orders or a VA Card. Associates include unit orders or DD214.*

Check the applicable box: New Member Reinstatement Annual Renewal Associate Change (WHAT?) _____

Annual membership: \$30.00 for one-year membership includes one-year **printed** subscription of *The Screaming Eagle* magazine and access to **members' only area** on www.screamingeagle.org. **Foreign members add \$45 post for magazines**.**

Lifetime Membership: Age 18-35: \$300, Age 36-45: \$275, Age 46-55: \$250, Age 56-65: \$200, Age 66-75: \$150, Age 76+: \$101. Includes **digital** access to the quarterly *Screaming Eagle* magazine in the **members' area** of www.screamingeagle.org.

Option for Life Member's Printed Magazines: \$12.00 to receive a one year subscription to **printed** copies of *The Screaming Eagle* magazine to be mailed to my home. **

PLEASE PRINT LEGIBLY.

Rank/Grade: _____ Retired Full Name (Last, First, Middle): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Personal Email Address: _____

Date of Birth (MM/DD/YY): ____/____/____ Spouse's Name: _____

Home of Record Address (**Active Duty**): _____

Referred By: _____ Chapter Affiliation: _____

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

Current or Last 101st Unit*:** Co/Btry/Trp: _____ Bn/Sqdrn: _____ Regt: _____ Bde: _____

Last 101st Unit Dates of Service: From _____ To: _____ Location: _____

Associates: Specify your branch of service, unit and dates of service if you didn't serve with, or were not attached to the 101st:

Are you, or were you, the spouse of a veteran: Yes Specify Unit: _____

Are you the descendant of a veteran: Yes Relationship: _____ Specify Unit: _____

Check enclosed Visa MasterCard American Express Discover Amount: \$ _____

Card Number: _____ Expiration Date: _____

Signature (required if paying by credit card): _____

I Do I Do Not authorize the release of my information to Association members. I Do I Do Not authorize release of my information to other organizations.

Signature: _____ Date: _____

****Annual Magazine Fees may increase upon USPO postal fee increases. The \$45 post for foreign members applies (\$75 total).**

*****NOTE:** Include other 101st units and/or any other pertinent information on reverse side such as campaigns, awards, other units served with (include dates and location), etc.