



**COMBAT INFANTRYMEN'S ASSOCIATION
MEMBERSHIP RENEWAL APPLICATION**



Please print legibly. You may use a return address label if you prefer.

Date: _____ **MEMBERSHIP NUMBER (if known):** _____

Last Name: _____ **First Name:** _____ **MI:** _____

Address: _____ **check if new address**

City: _____ **State:** _____ **Zip:** _____ - _____

Phone: (_____) _____ **Email:** _____

IMPORTANT – THE BLUE BADGE (the association newsletter) IS ONLY AVAILABLE AS A .PDF

Be sure your email address is listed above, if you have one.

If you do not have your own email address, please provide an email address for a friend or family member that could receive an emailed copy of The Blue Badge Newsletter & print it for you – Enter Here:

Enclosed is my dues payment of \$ _____

_____ Check or Money Order # or _____

_____ (credit card number)

_____ (exp date) _____ (CVV code)

Billing address if different than above:

DUES COST

- Annual Dues \$30
- Lifetime Dues \$400 (One Payment)

NO COST DUES

- Age 85 or older with Proof of Age
- Medal Of Honor with Infantry MOS

Check one: _____ Annual _____ Lifetime

Please fill out your application completely. Make check or money order payable to:

COMBAT INFANTRYMEN'S ASSOCIATION

and mail it with your dues to:

Membership Administrator
Combat Infantrymen's Association
PO Box 11044
Hickory NC 28603

Phone: 828-490-9303
Email: ciamemberapps@gmail.com
Web: cibassoc.com

Request CIAssoc UNIT Change to: _____

From: _____

~~~~~DO NOT WRITE BELOW THIS LINE; FOR OFFICE USE ONLY~~~~~

Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Recorded: \_\_\_\_\_