



COMBAT INFANTRYMEN'S ASSOCIATION MEMBERSHIP RENEWAL APPLICATION



Please print legibly. You may use a return address label if you prefer.
Annual Dues Expire in March of each year.

Date: _____ MEMBERSHIP NUMBER (if known): _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ check if new address

City: _____ State: _____ Zip: _____ - _____

Phone: (_____) _____ Email: _____

Annual dues are \$30.00.
Renewals are due on or before
March 31st each year.)

US ARMY MEDAL OF HONOR RECIPIENTS
FREE LIFETIME MEMBERSHIP

NEW MEMBERS AGE 85 OR OLDER
FREE LIFETIME MEMBERSHIP
Provide Proof Of Age

IMPORTANT – THE BLUE BADGE (the association newsletter) IS ONLY AVAILABLE ELECTRONICALLY

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:

Request CIA UNIT Change to: _____

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
825C Merrimon Ave, Suite 354
Asheville, NC 28804

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

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

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