



COMBAT INFANTRYMEN'S ASSOCIATION

INDIVIDUAL SUPPORT GROUP APPLICATION

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

Date: _____ Check one: New Member _____ Renewal _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ e-mail: _____

Check here if
this is a new
address:

We men of the Combat Infantrymen's Association are extremely honored for your enrollment into our Support Group Membership. It was because of the support of men women and families like you that we were successful in fighting for our Nation. The excellent business support and donations we received, both on and off the battlefield, made the difference between victory and defeat. We are now extremely honored for your contribution toward our mission to provide charitable activities throughout our nation. We are a 501-c tax deductible organization. Some of our causes are: Pride and Patriotism activities in schools, JROTC scholarships and award activities, donations to charities who directly support active armed forces men and women, donations for youth centered training facilities which encourage and help young men and women who are in need of guidance. Use a separate sheet to tell us something about yourself, use additional pages if necessary.

I am a Veteran Supporter.

The name of the veteran I am supporting is: _____

Or

I am a family member of a Veteran.

The name of the veteran in my family is: _____

Enclosed is my contribution of \$ 20.00

_____ I am already an Individual Support Member submitting my renewal
_____ I am a new Individual Support Member

Make check or money order payable to
COMBAT INFANTRYMEN'S ASSOCIATION
and mail it with your dues to:
National Commander
Combat Infantrymen's Association
825C Merrimon Ave, Suite 354
Asheville, NC 28804
Phone: 828-490-9303
e-mail—ciamemberapps@gmail.com

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:

OFFICE USE ONLY:

METHOD OF PAYMENT: _____ PAYMENT AMOUNT: _____ DATE RECEIVED: _____