



MEMBERSHIP APPLICATION

MEMBER INFORMATION

Date: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____
Street City State Zip Code

Phone: (____) _____ Email: _____ DOB: _____

PAYMENT INFORMATION:

Mail Checks & App To: Membership Chairman Combat Infantrymen's Association P.O. BOX 1000 Red Oak, TX 75154	Checks to: Combat Infantrymen's Assn QUESTIONS? (828) 490-9303 ext 4
CREDIT CARD #: _____ Exp Date: _____ CVV: _____	

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
- First Time Applicant who served in the War on Terror from September 11, 2001 to present day.

SUPPORT MEMBERSHIP

- Complete Membership Information above
- Annual Dues \$20

ELIGIBILITY

- Copy of DD214 or
- Copy of Special Orders Awarding CIB

How did you find out about our Association?

Friend (Recruited by: _____)

Website

Social Media

Ad in Military Association (Which?)

During which of the following qualifying periods was your CIB authorized:

A. World War II	G. Panama
B. The Korean War	H. SW Asia Conflict (Jan. 17 to Apr. 11, 1991)
C. Republic of Vietnam Conflict	I. Somalia
D. Dominican Republic	J. Afghanistan (Operation Enduring Freedom)
E. El Salvador	K. Iraq (Operation Iraqi Freedom)
F. Grenada	

DO NOT COMPLETE: ADMINISTRATIVE SECTION:	MEMBER NUMBER: _____
MEMBER UNIT: _____	MEMBER ACCEPTANCE DATE: _____