

7/17th Air Cav Association
Application for Membership

Fill out completely and mail to:
Donald Schoenemann
3517 Harvey Lake Road
Highland, MI 48356-1138

FULL NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

TROOP/UNIT: _____

YEARS IN 7/17: _____

SECTION/PLATOON: _____

SCHOLARSHIP FUND \$ _____

TROOPER FUND \$ _____

MEMBERSHIP Join or renew 1 YR \$10 / 3 YRS \$25 / LIFE \$100 \$ _____

TOTAL ----- \$ _____

How did you first learn about the 7/17th Air Cav Association? (Veteran friend, website, etc)

Do you know of others we can contact? _____

