



10TH MOUNTAIN DIVISION DESCENDANTS, INC.



Membership Application

Chapter Map

INDIVIDUAL | Annual Dues: \$30

Daughter, son, grandchildren, great-grandchildren, sister, brother, spouse, niece, nephew of a 10th Mountain Division soldier, as well as **ALL friends of the 10th** are welcome to join us.

FAMILY | Annual Dues: \$60

Parents and children **living in the same household**. For mailing purposes, indicate who will be the **main member**. Include the names of all family members in your household. *If needed, use the reverse side of this form or attach a separate sheet of paper.*



Chapter Information

Code	Name	MID	Midwest
ARM	Armadillo	NOW	Northwest
DEL	Delaware River Valley	NSE	New South East
GRL	Great Lakes	NYF	New York State/Ft Drum
NEN	New England	PSW	Pacific Southwest
MAT	Mid Atlantic	ROC	Rocky Mountain

10th Mountain Veteran Information | ☐ World War II | ☐ 10th Light | ☐ Friend of the 10th | ☐ Descendant

Veteran's Name:	Unit:
☐ Living	☐ Wounded in Action Date:
☐ Killed in Action Date:	☐ Deceased Date:

New This year! Association Member's Discount / Student Membership for Children in our K12 Program and discount for joining a 2nd chapter

Member Information eCard Paper Card Email Std Mail Decal? Yes No

☐ New Member	☐ Renewal	<i>If renewing, only fill name and any fields that have changed since last year</i>	Is this a FAMILY membership?	☐ Yes	☐ No
Member's Name:			If so, are you the main member?	☐ Yes	☐ No
Mailing Address Line 1:			Are you a vet?	☐ Yes	☐ No
Mailing Address Line 2:			If so, which branch?		
City:			Country (if other than U.S.A.)		
E-Mail:			Chapter Code: (Refer to chart above)		
Phone:			Second Chapter Code: (\$20.00)		
Relationship to 10 th Mountain Vet:					

Additional Members

☐ New Member	☐ Renewal	<i>If renewing, indicate if any information has changed since last year</i>	Is this a FAMILY membership?	☐ Yes	☐ No
Member's Name:			If so, are you the main member?	☐ Yes	☐ No
Mailing Address Line 1:			Are you a vet?	☐ Yes	☐ No
Mailing Address Line 2:			If so, which branch?		
City:			Country (if other than U.S.A.)		
E-Mail:			Chapter Code: (Refer to chart above)		
Phone:			Second Chapter Code: (\$20.00)		
Relationship to 10 th Mountain Vet:					

☐ New Member	☐ Renewal	<i>If renewing, indicate if any information has changed since last year</i>	Is this a FAMILY membership?	☐ Yes	☐ No
Member's Name:			If so, are you the main member?	☐ Yes	☐ No
Mailing Address Line 1:			Are you a vet?	☐ Yes	☐ No
Mailing Address Line 2:			If so, which branch?		
City:			Country (if other than U.S.A.)		
E-Mail:			Chapter Code: (Refer to chart above)		
Phone:			Second Chapter Code: (\$20.00)		
Relationship to 10 th Mountain Vet:					

Membership Type	Cnt	Years 1-3	\$	Total	Donation	Amount	Total Due
Individual	x	x	=		The Finn Thornton Scholarship Fund		
Family	x	x	=		The 10th Mountain Division Descendants, Inc.		
Student (K-12 pgm)	x	x	=		The Tenth Mountain Foundation, Inc.		
Association Veteran	x	x	=				
Second chapter	x	x	=				

Send your application and total amount due to:

10th Mountain Division Descendants, Inc.
Karen LaNoue, VP Membership
P.O.Box 1251
Gore, Oklahoma 74435

Please make your check or money order payable to:
10TH MOUNTAIN DIVISION DESCENDANTS, INC.

PLEASE DO NOT ENCLOSE CASH. THANKS!

t

