

MEMBERSHIP APPLICATION AND DATA FORM

Association of the Century, Inc
P.O. Box 34393
Louisville, KY 40232
Web site: www.the-century.org

Full Name: _____ Phone: (____) _____

Street: _____ City: _____

State: _____ Zip _____ Email Address: _____

Military Status:

ACTIVE (____) FORMER 100th DIVISION MEMBER (____) RETIRED MIL (____)
Number of Years Served: _____

If Currently Assigned to the 100th Division:

Rank: _____ Unit of Assignment _____

If Past or Retired Member of the 100th Division:

Rank: _____ Last Unit of Assignment _____

Applying for Associate Membership (____)

Dues: (Annual dues are not prorated and are due on January 1st of each year – Make check payable to The Association of the Century (AOC) and mail to above address)
I submit the above information for the reason checked below:

1. (____) Applying for an Annual AOC Membership: New (____) or Renewal (____)
Annual Dues of \$15.00 are enclosed
2. (____) Applying for a Lifetime AOC Membership:
(____) \$160.00 Single Payment or (____) Four Annual Payments of \$40.00 ea.
3. (____) Applying for Associate AOC Membership: New (____) or Renewal (____)
Annual Dues of \$ 15.00 are enclosed

I will promote the Association of the Century and will comply with its By-Laws. I hereby authorize my contact information to be reproduced and disseminated to other members of the Association and to others as deemed appropriate.

I would prefer to receive all future correspondence and newsletters from the Association via E-Mail: Yes (____)
) No (____)

Signature: _____ Date: _____