

**Membership Form**  
for the  
**87<sup>th</sup> Infantry Division Legacy Association**  
Please type or print

**Member Name:** \_\_\_\_\_ **Unit Affiliation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Required to receive the Golden Acorn News – Legacy Edition - **PRINT CLEARLY AND LEGIBLY!**

**TELEPHONE NUMBER(S):**

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**DUES:** *Calendar year dues include spouse and are to be paid by January 31<sup>st</sup> of each year.*

Check one:

- |   |                  |
|---|------------------|
| <input type="checkbox"/> <b>87<sup>th</sup> Infantry Division Veteran:</b>                | Free             |
| <input type="checkbox"/> <b>Acornette:</b> (Widow of 87 <sup>th</sup> Inf. Div. Veteran): | Free             |
| <input type="checkbox"/> <b>Family and Friends</b>  | \$10.00 per year |

Year(s) for which you are paying: \_\_\_\_\_ Dues enclosed: \$ \_\_\_\_\_

Additional Contributions (optional-Tax Deductible):

General Fund \$ \_\_\_\_\_

Optional mailed hard copy of the GAN-LE (\$15.00 per year) \$ \_\_\_\_\_

Optional donation to the Tim Higgins Memorial Scholarship Fund \$ \_\_\_\_\_

Total included with membership form: (Check or Money Order Only) \$ \_\_\_\_\_

Please make checks payable to: **87<sup>th</sup>IDLA** (87<sup>th</sup> Infantry Division Legacy Association) **not** Tim Muilenburg.

**Send form and check to:** Tim Muilenburg      membership@87thinfantrydivision.com  
**(Do Not Send Cash)**      1010 Fairway Lane      (319) 270-3587  
   Conway, SC 29526

**Information about you and/or family members:**

Relationship to 87<sup>th</sup> Inf. Div. veteran: \_\_\_\_\_

Veteran Name and Unit: \_\_\_\_\_ Living or Deceased: \_\_\_\_\_

Would you be willing to help with mailings, phone calls, other? \_\_\_\_\_

Please tell us about recent changes in your life that you would like to share with your fellow Acorns.

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