



ROCKY MOUNTAIN EAGLES CHAPTER
of the
101st AIRBORNE DIVISION ASSOCIATION

5512 South Telluride Court
Centennial, CO 80015-2645

Phone: (303) 522-6608

Website: www.RMEagles.org

Please check the applicable box: () New Member () Associate Member () Renewal () Gift
Annual membership: 1 July – 30 June (Inclusive). Make check to “Rocky Mountain Eagles Chapter” at above address.

() Enclosed is \$10.00 check for one-year membership; or, \$_____ for _____ years membership (\$10 per year).

NOTE: Membership in the Rocky Mountain Eagles Chapter requires that you be a member of the 101st Airborne Division Association. **PLEASE PRINT LEGIBLY. IF UNKNOWN, LEAVE BLANK.**

Rank & Grade: _____ / _____ Retired? Y N

Name: (Last, First, Middle) _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: (H, W, Cell) _____ E-Mail: _____

National Membership Number: _____ Year Joined: _____ Where joined: _____

Date of Birth: (MM/DD/YYYY) _____ Spouse Name: _____

Please furnish the applicable information below and complete blanks you wish to have as part of your Association records.

Current or Last 101st Unit:** Co/Btry/Trp _____, Bn/Sqdrn _____ Regiment _____ Bde _____

Last 101st Dates of Service: From _____ to _____ Location: _____

Associates specify branch of service, unit and dates of service if you did not serve in or were not attached to the 101st:

Branch: _____ Unit: _____ Dates: _____

If you are you the Spouse of a veteran, Mark here and complete line above for Veteran’s Branch, Unit and Dates.

Other Association Memberships: _____

Offices Held: _____

Civic Activities or Hobbies: _____

Occupation: _____

The Rocky Mountain Eagles Chapter participates in charities that support veterans and veteran initiatives. Please visit both websites for more information. Please mark any gifts to these charities with the charity name and indicate if you wish the donation to be anonymous. Make checks payable to RME and mail to above address.

SPONSOR: (if applicable) _____

** NOTE: Include other 101st units and/or other pertinent information on the reverse such as campaigns, awards, other units served with (include dates and location), etc.

I DO I DO NOT authorize the release of my personal information to other members.

I DO I DO NOT authorize the release of my personal information to other 3rd parties.

Signature: _____