

101st Airborne Division Association, Inc. 32 Screaming Eagle Blvd / PO Box 929 Fort Campbell, KY 42223

Phone: 931-431-0199

Email: membershipadmin@screamingeagle.org

Website: www.screamingeagle.org

Eligibility: Anyone who was assigned, attached, or are presently assigned to the 101st Airborne Division, their spouses, widows, immediate ancestral family members and lineal decedents, veterans of the United States Military, Allied veterans, Reserve or National Guard units have been attached or OPCON to the 101st Airborne Division can become a Regular Member. The Association also welcomes Associate Members who do not qualify for regular membership but wish to further the Association aims and traditions.

To maintain our non-profit 501 (c) (19) status with the IRS, the Association requires proof of your military service by some type of document such as, but not limited to, a copy of your DD form 214, orders from the 101st for full membership – assignment, military award orders, military promotion orders, VA card, etc. Associates include unit orders or DD214.

Check the applicable box: ☐ New Member ☐ Reinstatement ☐ Annual Renewal ☐ Associate				
Annual membership: \$30 for one-year membership includes one-year printed subscription of <i>The Screaming Eagle magazine</i> .	☐ Lifetime Membership: \$101 that includes access to the digital copy of the quarterly Screaming Eagle magazine	\$12 Annual S	ife Member's Printe Subscription to printed copies of ng Eagle	d Magazine:
	First Na			
Phone:	Cell:\	Vork:	Email:	A. (1-20-01)-20-02-03-03-03-03-03-03-03-03-03-03-03-03-03-
Address:		City:	Sta	te: Zip:
Date of Birth (MM/DD/YY): Spouse Name:				
Rank/Grade: Co/	Btry/Trp:Bn/Sqdrn:	Re	gt:Bde	*
All Dates of Service: From _	To:		_ War Time Service	•
Referred By:		Chapter Affiliation	ı:	and the second
If you are not/were not attached to the 101st Please Specify Branch: Unit				
Are you, or were you, the spouse of a veteran: Yes Specify Unit:				
Are you a descendant of a v	veteran: Yes 🗆 Relationship):	Specify Unit: _	and the state of the same of t
☐ Check enclosed ☐	Visa ☐ MasterCard ☐	American Expres	ss 🗆 Discover	Amount: \$
Card Number:	المستومين المراجع المر		Exp. Date:	
□ I Do □ I Do Not author	ize the release of my informa	tion.		
Signature:	ur en		Date:	
**Annual Magazine Fee may increase upon USPO postal fee increases. The \$45 post for international members applies (\$75				

total).

^{***}Members may access the digital magazine through www.screamingeagle.org.