

IF YOU KNOW OF ANY CHANGE TO A BROTHER, OF PHONE #, E-MAIL ADDRESS,
OR WHATEVER, PLEASE LET BOB Z KNOW.

69th Armor Association

Membership Application

1) _____
LAST FIRST MI

2) _____
STREET ADDRESS & P.O. BOX, APT# (CIRCLE MAILING ADDRESS)

3) CITY _____ STATE _____

ZIP+4 _____ + _____

4) PHONE #

(H) _____ CELL# _____

PHONE # (W) _____

5) EMAIL ADDRESS:

_____ BIRTHDATE ____ / ____ / ____

(OPTIONAL)

6) 69TH ARMOR UNIT SERVED:

Bn _____ COMPANY/s _____ DATES ____ / ____ / ____ - ____ / ____ / ____

7) SECTION/PLT _____

NAME OF SPOUSE/OTHER _____

8) RANK @ TIME OF DISCHARGE OR CURRENT RANK _____

9) TYPE OF MEMBERSHIP _____ REGULAR @\$25.00 PER YEAR DUE NLT 1ST OF EACH YR

CHECK ONE _____ LIFE MEMERSHIP @\$269.00

10) NEW MEMBERSHIP OR RENEW ANNUAL (CIRCLE ONE)

MAKE CHECK PAYABLE TO: 69th ARMOR ASSOCIATION

RETURN THIS APPLICATION TO;

ROBERT J ZEPERNICK

1459 FAIRVIEW PLACE

ALLIANCE OH 44601-3781 [(H) 330-821-2731]

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