

**FOR ACTIVE DUTY RAKKASANS ONLY**

Please mark your selection:

- INITIAL APPLICATION FOR MEMBERSHIP
- REINSTATEMENT OF MEMBERSHIP
- CONVERSION FROM ANNUAL TO LIFE/CFL
- MEMBERSHIP

**THE RAKKASANS**

The 187<sup>th</sup> Airborne Regimental  
Combat Team Association, Inc.

**SONNY COOL, Secretary**

**344 WATERFORD STREET  
AKRON, OH 44314-3650**

**TEL (330) 848-3136**

**E-mail: arnoncool187@earthlink.net**

Active duty Rakkasan applicants select and mark CLASS of membership as follows:

- ANNUAL **E-6 and above** Dues **\$15.00** per year
- ANNUAL **E-5 and under** Dues **\$ 7.50** per year
- \* LIFE One time fee **\$187.**
- \* CHARTER FOUNDING LIFE One time fee **\$250.** Limited to those who served in combat.

*\* LIFE and CFL classes receive embossed plastic membership card and attractive plaque.*

**STATEMENT OF ELIGIBILITY:** *Please complete the following. All the information is important.*

IF REINSTATEMENT OR CONVERSION, MEMBER NUMBER \_\_\_\_\_

**Military Address:**

date \_\_\_\_\_

applicant name \_\_\_\_\_ spouse \_\_\_\_\_

LAST

FIRST

MI

RANK

FIRST NAME (optional)

phone ( ) \_\_\_\_\_

FULL UNIT DESIGNATION

state \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

POST

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Date entered 187 service \_\_\_\_/\_\_\_\_/\_\_\_\_

other airborne service \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

FULL UNIT DESIGNATION

**Mail Address if different than Military Address:**

street \_\_\_\_\_ phone ( ) \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

**Verification of eligibility required only for Initial Membership.** Include a Xerox copy of Army orders assigning you to/from a unit of the 187<sup>th</sup> **OR only is no such documentation is available**, get the signature of a member of your unit who is a paid up Regular member of the Association to sign as follows: I know that the above statement of service with the 187<sup>th</sup> is true.

\_\_\_\_\_  
Print attesting regular member name

\_\_\_\_\_  
Member number

\_\_\_\_\_  
Attesting Regular member signature

**Declaration and signature of applicant: I know that all of the information stated above is true.**

**Applicant signature:** \_\_\_\_\_

**Payment:** Check or money order in amount of \$ \_\_\_\_\_ payable to **The 187th Rakkasans**

**Mail application and payment to: THE 187TH RAKKASANS, 344 WATERFORD STREET,  
AKRON, OH 44314-3650**

Your *Shimbun* will not be forwarded from an incorrect mailing address, so please resolve to keep Secretary informed of all your changes of address, 9 digit ZIP code, and phone number (including AREA CODE).