

ALL APPLICANTS EXCEPT ACTIVE DUTY RAKKASANS

Please mark your selection:

THE RAKKASANS

The 187th Airborne Regimental Combat Team Association, Inc.

INITIAL APPLICATION FOR MEMBERSHIP

REINSTATEMENT OF MEMBERSHIP

CONVERSION FROM ANNUAL TO LIFE/CFL

MEMBERSHIP

SONNY COOL, SECRETARY

344 WATERFORD STREET

AKRON, OH 44314-3650

TEL (330) 848-3136 ~ E-MAIL rnoncool187@earthlink.net

Select and mark TYPE and CLASS of membership as follows:

REGULAR Anyone who served in the RCT or any predecessor or successor units assigned thereto from 1943 to present.

- ANNUAL Dues \$15.00 per year.
LIFE One time fee \$187.
CHARTER FOUNDING LIFE One time fee \$250. CFL is limited to those who served in combat.

RESERVE Spouse or widow of anyone qualified to be a Regular Member.

- ANNUAL Dues \$7.50 per year, except wife of active duty Rakkasan dues \$3.75 per year
LIFE One time fee \$75
CHARTER FOUNDING LIFE One time fee \$125, only for spouse or widow of anyone qualified to be a CFL Member.

HEREDITARY I am the parent, child, or sibling of the Regular Member number whose name is

- ANNUAL Dues \$15.00 per year
LIFE One time fee \$187
CHARTER FOUNDING LIFE One time fee \$250. Must be the parent or child of anyone qualified to be a CFL Member.

ASSOCIATE Anyone who served at any time with a U.S. Airborne unit other than the RCT or its successor units, or with any UN forces unit attached to the 187th during combat operations.

- ANNUAL Dues \$15.00 per year
LIFE One time fee \$187.
SUSTAINING LIFE One time fee \$250, limited to those who served with any US or UN forces attached to the 187th from July 1950 - July 1953

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

IF REINSTATEMENT OR CONVERSION, MEMBER NUMBER APPLICATION DATE
APPLICANT NAME BIRTHDATE SPOUSE FIRST NAME
STREET PHONE ()
CITY STATE ZIP -
187th service CO/BTY, BN. DATES: FROM TO
for directory listing CO/BTY, BN. DATES: FROM TO
OTHER SERVICE FROM TO
VOCATION MANAGEMENT SKILLS:

Verification of eligibility required only for Initial Membership. Include a Xerox copy of your discharge record form DD214, OR a Xerox copy of Army orders assigning you to/from a unit of the 187 OR only if no 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 187th 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 \$ payable to The 187th Rakkasans

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

Your Shimibun 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, phone number (including AREA CODE).