

MEMBERSHIP APPLICATION AND DATA FORM

Association of the Century, Inc
P.O. Box 34393 Louisville, KY 40232
WWW.100AOC.ORG

Full Name: _____

Spouse Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: (____) _____ Cell/Work Phone: (____) _____

Military Status: ☐ CURRENTLY SERVING ☐ FORMER 100th DIVISION MEMBER
☐ RETIRED

Rank: _____ Last Unit of Assignment _____

I submit the above information for the reason checked below [**CHECK ONE**]:

1. ☐ Applying for a Lifetime AOC Membership:
☐ \$200.00 Single Payment -- Payment of \$200 is enclosed
or
☐ Four Annual Payments of \$50.00 ea. My Payment of \$50.00 is enclosed
2. ☐ Applying for a Lifetime Associate AOC Membership:
☐ \$200.00 Single Payment -- Payment of \$200 is enclosed
or
☐ Four Annual Payments of \$50.00 ea. My Payment of \$50.00 is enclosed
3. ☐ Applying for an Annual AOC Membership: New ☐ or Renewal ☐
My Annual Dues of \$25.00 are enclosed
4. ☐ Applying for an Annual Associate AOC Membership: New ☐ or Renewal ☐
My Annual Dues of \$25.00 are enclosed

Dues:

 Annual Memberships dues & Associate Annual Memberships dues are not pro-rated and are due on 1 January of each year

 Make checks payable to The Association of the Century. Return this form and your dues payment check to the above address.

I will promote the Association of the Century and will comply with its By-Laws. I hereby authorize my contact information to be reproduced and disseminated to other members of the Association and to others as deemed appropriate.

I would prefer to receive all future correspondence and newsletters from the Association via E-Mail. Check one: Yes ☐ No ☐

Signature: _____

Date: _____