



The Veteran Association of the 71<sup>st</sup> Inf. Regt.  
N.G. of the State of N.Y.

AMOR PATRIAE VINCET

\_\_\_\_\_ 20\_\_\_\_\_

COMRADS:

Mr. \_\_\_\_\_ is proposed for membership in this  
Association by \_\_\_\_\_ a member in good standing.

Applicants Name: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Print name in full

Address: \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Occupation: \_\_\_\_\_

Original Date Enlisted in the 71<sup>st</sup> Regt. \_\_\_\_\_ Company \_\_\_\_\_

Or Unit & Date Transferred into 71<sup>st</sup> Regt. \_\_\_\_\_ Date \_\_\_\_\_

Date Discharged or Transferred out \_\_\_\_\_ Rank \_\_\_\_\_

List Other Military Service \_\_\_\_\_

Decorations: \_\_\_\_\_

\_\_\_\_\_ Present Rank \_\_\_\_\_

Were you ever a prior member of this Association? \_\_\_\_\_

I affirm my support of the U.S. Constitution and the By Laws of this Association \_\_\_\_\_ (initial)

Proposer Sign \_\_\_\_\_ Applicant Sign \_\_\_\_\_

SCREENING COMMITTEE

Print Name	Approve?	Signatures
_____	yes ___ no ___	_____
_____	yes ___ no ___	_____
_____	yes ___ no ___	_____

Note: Applicant must include a check for a minimum of \$ 12.00 (\$10.00 Dues and \$ 2.00 for the Booster Fund.)  
There is no limit on Booster Fund donations. Mail application to the association Treasurer.  
Nominees and applicants must be at least eighteen(18) years of age.  
The Association is a 501 (c) 19 Veteran Association and Donations are Tax Deductible to the extent allowed by  
the IRS.