



APPLICATION FOR NATIONAL MEMBERSHIP

Veterans of the Battle of the Bulge
PO Box 27430, Philadelphia PA, 19118-0430
Telephone: 703-528-4058

ANNUAL DUES \$15.00

Regular Membership Associate Membership New Renewal - Member # _____

Regular Membership is for those who have received the Ardennes campaign credit. Associate membership is for relatives, historians or others with an interest in preserving the memory of the Battle of the Bulge. Both have the same rights and privileges.

Name _____ DOB _____

Address _____
(No. & Street) (City) (State) (Zip Code)

Telephone number _____ E-mail address _____

Campaigns _____

All regular members please provide the following information below:

Unit(s) to which assigned during the period 16 Dec 1944 to 25 Jan 1945 - Division _____

Regiment _____ Battalion _____

Company _____ Other _____

All associate members please provide the following information below (Military Service is not a requirement but as a 501 c (19) we need to identify all veterans):

Relative of the Bulge Veteran _____
(wife, son, daughter, niece, etc.)

Bulge Vet's Name and Unit _____

Historian Other _____ Associate's Military Svc (dates) _____ Branch _____

Applicant's Signature _____ Date _____

Make check or money order payable to VBOB and mail with application to:
Veterans of the Battle of the Bulge, PO Box 27430, Philadelphia PA, 19118-0430