



# APPLICATION FOR NATIONAL MEMBERSHIP

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

**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.

**Please check one box below:**

Regular Yearly: \$15     Regular Lifetime: \$75     Associate Yearly: \$15     Associate 4-Year: \$50 (save \$10!)

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_  
(No. & Street) (City) (State) (Zip Code)

Telephone number \_\_\_\_\_ E-mail address \_\_\_\_\_

**If applying as a Regular member (you are a Battle of the Bulge vet), please provide the following information about yourself:**

Campaigns \_\_\_\_\_

Unit(s) to which you were assigned from 16 Dec 1944 to 25 Jan 1945: Division \_\_\_\_\_

Regiment \_\_\_\_\_ Battalion \_\_\_\_\_

Company \_\_\_\_\_ Other \_\_\_\_\_

**If applying as an Associate member, please provide the following information about yourself:**

Relationship to the Bulge Veteran (if any) \_\_\_\_\_  Historian     Other \_\_\_\_\_  
(wife, son, daughter, niece, etc. or N/A)

The Bulge Vet's Name and Unit \_\_\_\_\_

Your Military Service (if any) 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**