

401st BOMBARDMENT GROUP (H) ASSOCIATION
MEMBERSHIP APPLICATION FORM

401st Bombardment Group (H) Association, Inc.
P.O. Box 15356
Savannah, Georgia 31416

I would like to become a member of the 401st Bomb Group Association.

Name: _____

Spouse's Name: _____

Street Address: _____

City State Zip: _____ - _____

Telephone: (_____) _____ Fax: (_____) _____

E-Mail: _____

I've enclosed my check for \$20 annual dues, payable to "The 401st Bomb Group Association".

Veteran of the 401st? Yes No

Unit (Squadron, Support Unit, etc.): _____

Duties (Pilot, Gunner, Mechanic, Ordinance, etc.): _____

If not a 401st veteran, indicate the name and relationship of any relative who served in the 401st:

Name _____ Relationship _____

(If you are a relative of a veteran of the 401st, please fill in his Unit and Duties, if known)