



**425th Infantry Regiment Association
Membership Application / Renewal Form**

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Email Address: _____

Membership dues are \$10.00 per year.

Make the check payable to: 425th infantry Regiment Association

Send this form **with** the check to:

Mike Tilley
3843 Diehl Road
Metamora MI 48455