



APPLICATION FOR RAKKASAN ASSOCIATION MEMBERSHIP

Please mark your selection:

- INITIAL APPLICATION FOR MEMBERSHIP
- REINSTATEMENT OF MEMBERSHIP
- CONVERSION FROM ANNUAL TO LIFE CFL/MEMBERSHIP

Select and mark **TYPE** and **CLASS** of membership as follows:

REGULAR *Anyone who served in the RCT or any predecessor/successor units assigned thereto from 1943 to present.*

- ANNUAL \$25 annually
- LIFE \$187 (One time fee)
- CHARTER FOUNDING LIFE \$287 (CFL is limited to those who served in combat in Korea (1950-1953))
- CHARTER LIFE \$287 (CL is limited to those who served in combat after 1953)

RESERVE *Spouse or widow of anyone qualified to be a regular member.*

- ANNUAL \$25 annually
- LIFE \$75 (One time fee)
- CHARTER FOUNDING LIFE \$125 (Must be the spouse or widow of someone qualified to be a CFL Member)

HEREDITARY *I am the Parent, Child of a regular member _____ Member name _____*

- ANNUAL \$25 annually
- LIFE \$187 (One time fee)
- CHARTER FOUNDING LIFE \$287 (CFL is limited to those who served in combat in Korea (1950-1953))
- CHARTER LIFE \$287 (CL is limited to those who served in combat after 1953)

ASSOCIATE *Anyone who served, at any time, with any U.S. military unit other than the 187 its successor unit, or with an UN Forces unit attached to the 187th.*

- ANNUAL \$25 annually
- LIFE \$187 (One time fee)
- SUSTAINING LIFE \$287 (Must be the spouse or widow of someone qualified to be a CFL Member)

Statement of Eligibility: please complete all of the following

If reinstatement or conversion, member number _____ Application Date _____
 Applicant Name _____ DOB _____
 Address _____ City _____
 State _____ Zip _____ Phone _____
 Email _____ Spouses name _____

187th Service:	CO/BTY	BN	DATES /
	CO/BTY	BN	DATES /
Other Service:	CO/BTY	BN	DATES /

Vocation: _____ Management Skills: _____

Verification of eligibility:

Verification of eligibility required only for initial membership. Include a copy of your discharge record form DD214 OR a copy of Army orders assigning you to/from a unit of the 187 OR only if no documentation is available, get the signature of a member of your unit who is also a member of the association to sign as follows: **I know that the above statement of service with the 187th is true.**

Print attesting regular member name

Member number

Attesting member Signature

Declaration and signature of the applicant: **I know that all of the above information stated within is true.**

Applicant signature

Payment:

Check or money order amount \$ _____

Make check payable to: 187th Rakkasan Association

Mail your application and check/money order to:

James Sullivan
National Rakkasan Association
875 S. Main Street
Plymouth, MI 48170