



84th Railsplitters Association, Ltd.

Membership Renewal & New Member Application

Instructions: Manual Completion: Download Form. Print Form. Complete by Hand or Typewriter.
Computer Completion: Download Form. Open with Adobe Reader DC or Foxit Reader.
Enter text in blank fields. Fields will expand as necessary. Save, Print, and Submit Form.

Please keep/place my name on your roster of active members.

Rank: Status: ☐ Active ☐ Retired ☐ AGR ☐ USAR

Name: Your Membership Expires:

84th Division Unit(s) in which you served:

Spouse's Name:

Address:

City: State: Zip:

Home Phone: Cell or Business Phone:

Email: To cut oost, most communication will be by email

I ☐ would ☐ would not be interested in serving on the Board of Directors.

If you were referred to our organization, by whom or by what means?

I know someone that would like more information about the 84th Railsplitters Association.
For every member referred who joins, your membership term will be extended by one year.
Please send a Membership Application to:

Name: Address:

City: State: Zip:

Enclosed is my check for Dues: ☐ 1 Year @ \$10 ☐ 3 Years @ \$30 ☐ 5 Years @ \$45

Please make check payable to: 84th Railsplitters Association, Ltd. Mail Application and Payment to:

COL (Ret) Peter Pochowski
N21W24236 Cumberland Drive Unit 25K
Pewaukee, WI 53072

Association Use Only	Date Paid:	Check #:	Expires:
	<input type="text"/>	<input type="text"/>	<input type="text"/>