



COMBAT INFANTRYMEN'S ASSOCIATION
NATIONAL HEADQUARTERS COMPANY
ASHEVILLE, NORTH CAROLINA
WAR ON TERRORISM
SPECIAL COMPLIMENTARY MEMBERSHIP APPLICATION
"ONLY for VETERANS OF AFGHANISTAN OR IRAQ"

L- NAME: _____ F-NAME _____ MI: _____

HOME STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ DATE of BIRTH: _____

E-MAIL ADDRESS: _____

YOUR MILITARY ADDRESS (If you want your documents mailed to your post)

Membership requirements; The applicant must have been awarded the Combat Infantry Badge as certified to by official notation on the applicants DD 214, Official Army Orders or other official documents. Applicant must attach a copy of such documentation to this enlistment (membership) application.

This SPECIAL FORM for a Complimentary ONE (1) Year Annual Membership in the CIA, is ONLY for the Combat Infantrymen who EARNED the CIB in Afghanistan or Iraq. New members that use this Special form are assigned to National Headquarters Co unless they are sponsored by a UNIT.

Date entered US Army: _____ Date to Discharge _____

CIB awarded for combat service..... Afghanistan _____ Iraq _____

Combat unit (Co, Bn., Rgt, Div) that awarded the CIB(s): _____

I hereby apply for membership in the Combat Infantrymen's Association, Inc. and certify I am eligible as explained above. A copy of the document verifying my eligibility is attached.

SPONSOR _____ **CIA UNIT.** _____

** APPLICANT'S SIGNATURE: _____ DATE: _____

(Do not write below this line, for office use only)

>>MAIL THIS FORM AND DOCUMENTS TO;

NATIONAL FINANCE OFFICER

E/mail bsaxton@cybrzn.com

ROBERT D. SAXTON

Phone 715-587-3020

1501 GRANT STREET

MARINETTE, WI 54143-2321

CIA NUMBER: _____ CIA UNIT: _____

THIS IS THE ONLY AUTHORIZED "SPECIAL" ENLISTMENT APPLICATION FORM, DESTROY ALL OTHER FORMS. Revised 22 December 2007.

THIS FORM MAY BE REPRODUCED LOCALLY.