

**MEMBERSHIP ELIGIBILITY**

Veteran of service in the 7/17 Air Cav or next of kin, proved by

1. Orders of assignment to 7/17

**OR**

2. Note from a current member who knows you

**MEMBERSHIP APPLICATION**

Mail with your check, payable to 7/17 Air Cav Assoc., to:  
Treasurer, 7/17 Air Cav, 3517 Harvey Lk Rd, Highland, MI 48356

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City**\_\_\_\_\_ **State**\_\_\_\_\_ **Zip**\_\_\_\_\_

**Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Email** \_\_\_\_\_

**Years served** \_\_\_\_\_ **Troop** \_\_\_\_\_

**MOS or Duty** \_\_\_\_\_

Do you know of others who qualify for membership? If so, please share info.

\_\_\_\_\_  
\_\_\_\_\_

**One year**      **\$10.00**

**3 years**        **\$25.00**

**Life**            **\$100.00**

**MEMBERSHIP BENEFITS**

Your family is welcome to attend reunions.  
You will have access to the membership roster.