



2nd Bn., 1st Inf. Regt. Membership Application

Section 1:

Name and Address:

Name: _____ Home Phone: _____

Street: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

Email: _____ Nickname: _____

2nd of the 1st Company: _____ Dates of service: From _____ To _____

May above information be included on the password secured website Roster?

Circle one: All information Yes No Name only Yes No

Section 2:

Personal Information (optional)

Date of Birth: _____ Occupation: _____

Name of Spouse: _____

Enclosed DD-214 copy: Yes No

Signature: _____ Date: _____

Chapter Membership: \$5/year or \$50/Lifetime

Eligibility: Veterans of 2nd Battalion, 1st Infantry Regiment and associated family members.

Please enclose any required dues and mail this application to:

2nd Bn., 1st Inf. Regiment Chapter
3824 Dunoon Rd.
Colonial Heights, VA 23834-2610

Attn: Secy/Treas.

