



Shadow Warrior Association

Membership Application

MEMBERSHIP TYPE: NEW ___ RENEWAL ___

NAME: _____

ADDRESS: _____

CITY _____, STATE ___ ZIP _____

E-MAIL: _____ PHONE # _____

MEMBERSHIP CATEGORY:

REGULAR ___, ASSOCIATE ___, CORPORATE: ___, LIFE: ___

DUES: REG \$24.00, ASSOC: \$24.00, CORP: \$250.00, 5 YR: \$100.00, LIFE: \$250.00

Make check payable to: Shadow Warrior Association

“REGULAR” MEMBERSHIP REQUIRES SERVICE IN: 112th Special Operations Sig Bn (Abn), 512TH Sig Co, 112th Abn Army Sig Bn, SOCEUR Sig Det, or any TSOC Signal Detachment.

REGULAR MEMBER UNIT AFFILIATION: _____

Please attach verification document with initial membership request. Acceptable verification documents include: ASSIGNMENT ORDERS, DD-214, or SIGNED STATEMENT FROM CURRENT MEMBER VERIFYING SERVICE.

“ASSOCIATE” AND “CORPORATE” Members are not required to have served in 112TH Sign Bn (A) lineage units, but must be sponsored by a REGULAR member.

SPONSOR’S NAME (for Assoc & Corp only): _____

APPLICANT SIGNATURE: _____ DATE: _____

Mail to: **Shadow Warrior Association**
ATTN: Membership
PO Box 70677
Ft Bragg, NC 28307