



136th Silver Eagles Membership Application

Name: _____

Spouse: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date Enlisted: _____ Rank: _____

Unit Assigned: _____

Time in Service if not Retired or Retirement Date: _____

Contact Information -

Home: _____ Cell: _____

Email Address: _____

Annual dues is \$10.00, mail this application and your check to:

136th Silver Eagles Inc.

P.O. Box 27096

Ft. Worth, TX 76127