



YANKEE DIVISION VETERANS ASSOCIATION, INC.
NATIONAL HEADQUARTERS
P.O. Box 890 —161, Weymouth MA 02189
(617) 825 -2626



*** Application for Membership ***

NAME _____ DATE OF BIRTH _____
Last First Month/day/year

ADDRESS _____ CITY _____ STATE _____ ZIP+4 _____

TEL. NO. _____ E-MAIL _____

MEMBER ELIGIBILITY:

REGULAR: Honorable service performed in the 26th (Yankee) Infantry Division, the 26th Maneuver Enhancement Brigade (MEB) or the 26th Infantry Brigade.

ASSOCIATE: “Any honorable person who believes in, and works to perpetuate the memory of the accomplishments of the 26th Infantry Division since its inception.” Such applicant must be accepted by a Chapter as an Associate member and approved by the National Executive Commtee (NEC)

☐ REGULAR ☐ ASSOCIATE

SERVED IN THE 26th INF DIV from _____ to _____ MEB or BDE from _____ to _____
Month/Year Month/Year Month/Year Month/Year

UNIT: (Co.,Bty., Trp.) _____ ORGANIZATION: (Bn., Sqdn.,Regt.) _____

National Dues for all members is \$20.00; Chapter dues are as shown. Entitles membership from January 1st to December 30th
Approved Regular and Associate members assigned to a Chapter shall pay their annual dues to their Chapter.

Chapters: (CIRCLE ONE): Boston Chapter \$5.00 Cape Cod Chapter \$5.00 Holyoke Chapter \$5.00 Maine Chapter \$5.00
North Shore Chapter \$5.00 Worcester Chapter \$5.00 114th Medical Bn. Chapter \$5.00

Recommended by: _____ Applicant Signature and Date of Application _____

Amount of Check enclosed with application \$ _____
Applicants applying for membership in a Chapter,
Please add the Chapter dues to the Nation al Dues and make
Your check out to the National for the total amount

Mail Checks or Money order payable to YDVA and mail to:
Robert J Swartz
53 Racette Avenue
Gardner, MA 01440 -1917