



**The American Overseas Memorial Day  
Association, Inc.**

**Membership Application Form**

**Full Name (Mr. Mrs. or Miss)** \_\_\_\_\_

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

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**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_

**What is the Reason For Joining AOMDA?**

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**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Per year:** 50 euros or \$ 50 \_\_\_\_\_

**Life membership:** 500 euros or \$ 500 \_\_\_\_\_

**Membership dues enclosed:** \_\_\_\_\_

*Please send your check in US dollars or Euros to:*

AOMDA  
P.O. Box 36517  
Indianapolis, IN  
46236-0517  
USA

Thank you for your support!

**Office Use Only 02/12**

Membership # \_\_\_\_\_

Date Joined: \_\_\_\_\_

Received: \_\_\_\_\_