



Second Bombardment Association

www.2ndbombgroup.org

MEMBERSHIP APPLICATION

Name _____ Date _____

Address _____

City _____ State _____ 9 Digit Zip _____ - _____

Phone Number _____ e-Mail _____

- If WWII 2nd Bomb Group vet – Tell us your Squadron # _____

- If a relative, _____, of _____ Squadron # (if known) _____
(relation) *

* It is not necessary to be WWII 2nd BG veteran, nor is it necessary to be a descendant or relative. Anyone with an interest is welcome to join the 2nd Bomb Group Association.

MEMBERSHIP INFORMATION

Dues - \$25.00 per 2 years

Make checks payable to: Membership - 2 Years - \$25.00 \$ _____
SECOND BOMBARDMENT ASSN.

Mail to: Second Bombardment Assn.
c/o Karol Shupe
25077 E. Canal Place
Aurora, CO 80018

TOTAL \$ _____

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