

Society of The Honor Guard - Tomb of the Unknown Soldier

“Soldiers never die until they are forgotten, Tomb Guards never forget”

MEMBERSHIP APPLICATION

Yes, I want to renew my membership in the **Society of The Honor Guard, Tomb of the Unknown Soldier** in the following classification: **(Check one)**

- _____ **Annual Active Sentinel Member**—Badge Holders assigned to the Tomb IAW Article III, Section 1, Par a.....**No dues required**
- _____ **Life Member**—Honorable service as a Tomb Guard IAW Article III, Section 1, Par h. Payable in full or quarterly installments.....**\$300.00 (\$150.00 for active duty)**
- _____ **Annual Regular Member**—Honorable service as a Tomb Guard IAW Article III, Section 1, Par b.....**\$30.00 (\$15.00 for active duty)**
- _____ **Annual Legacy Member**—Family members of deceased Tomb Guard Members. Please provide name of deceased Sentinel _____ **\$30.00 (\$15.00 for active duty)**
- _____ **Annual Associate Member**—Individuals whose life and activities have fostered Tomb Guard Ideals.....**\$30.00 (\$15.00 for active duty)**
- _____ **Annual Affiliate Member**—Corporations and individuals who support and enhance the purposes of the Society.....**\$50.00**

Tomb Guard Positions Held

(Please give Month and Year)

<p><u>Sentinel</u> Rank _____ From _____ to _____</p>	<p><u>Assistant Relief Commander</u> Rank _____ From _____ to _____</p>	<p><u>Relief Commander</u> Rank _____ From _____ to _____</p>
<p><u>Assistant Sergeant of the Guard</u> Rank _____ From _____ to _____</p>	<p><u>Sergeant of the Guard</u> Rank _____ From _____ to _____</p>	<p><u>Platoon Leader</u> Rank _____ From _____ to _____</p>
<p><u>Retired</u> Yes _____ No _____ Rank _____</p>	<p><u>Relief</u> _____</p>	<p><u>Prior Membership in Society (MM/YY)</u> Type of Membership _____ From _____ to _____</p>

Name (Last, First, M.I.) _____ Home Phone (_____) _____

Address _____ City _____ State _____ Zip Code _____

E-mail Address _____ Fax Phone (_____) _____

Spouse' Name _____

SIGNATURE _____ **Date** _____

Make check payable to **Treasurer, SHGTUS** and send to:

SHGTUS—Membership Chairman
PO Box 1111
Hermitage, PA 16148-1111