

39th Troop Carrier Association

Member Information

Name _____ Birthday / /19
Spouse _____ Birthday / /19
Anniversary _____

Address _____
City _____ State _____ Zip _____ -
Phone (Home) () - _____ E-Mail _____ @
Other Contact _____

Organization (39th TCS, etc) _____
Dates you were in 39th _____
Where you served in 39th _____

Squadron Duties _____
Missions _____
39th Buddies _____

Your Nickname(s) in Sqdn _____

Optional Info (Other military service, civilian career, hobbies, family, etc)

Comments & Suggestions (on newsletter, reunion, etc)

\$15 Annual Dues Enclosed

Send Completed Application to:
Tom Sparr
44 Hidden Lake Ct.
St Peters, MO 63376