

Society of The Honor Guard - Tomb of the Unknown Soldier

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

NEW MEMBERSHIP APPLICATION

Yes, I want to enroll 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> | |

Name (Last, First, M. I.) _____ Home Phone (_____) _____
 Address _____ City _____ State _____ Zip Code _____
 E-mail Address _____ Fax Phone (_____) _____
 Spouse' Name _____

SIGNATURE _____ **Date** _____

Please provide a copy of your Badge Orders, Certificate or Letter of Appreciation and remit with payment. Make check payable to **Treasurer, SHGTUS** and send to:

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