



**Registration Form**  
**281<sup>st</sup> AHC Association 2015 Reunion**  
**October 8<sup>th</sup> – 10<sup>th</sup> at the Crown Plaza Airport Hotel**  
**St. Louis, MO**

Member # _____	Last Name _____	First Name _____	MI _____
Street Address _____		City _____	State Zip Code _____
Unit _____	E-Mail _____	10/_____/2015 I Will Arrive on	
Name for Nametag _____	Dates in Country _____	Nick Name or Call Sign _____	

**Is this your first time to a 281<sup>st</sup> Reunion**    Yes    No    (please circle)

**REGISTRATION FEES:**

281<sup>st</sup> AHC Assn. 2015 Annual Membership Dues: \_\_\_\_\_ Annual Fee \$25 = \$ \_\_\_\_\_

Member Reunion Registration: \_\_\_\_\_ Member @ \$125 = \$ \_\_\_\_\_

Guest Fee (16 years old and up) \_\_\_\_\_ # Guests \_\_\_\_\_ X \$125 = \$ \_\_\_\_\_

Children's Fee (11-15 years old) \_\_\_\_\_ # Guests \_\_\_\_\_ X \$80 = \$ \_\_\_\_\_

Friday and/or Saturday Night Meals Only \_\_\_\_\_ # Meals \_\_\_\_\_ X \$ 40 = \$ \_\_\_\_\_  
(For Children under 11 or non-registered Adult Guests)

Scholarship Fund: My 2015 TAX DEDUCTIBLE CONTRIBUTION IS: \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL CHECK IS: \$ \_\_\_\_\_

**PAYMENTS:** Make check or money order payable to **281<sup>st</sup> AHC Association**. Mail Payment and the registration form no later than **September 14th** to:

281<sup>st</sup> AHC Association  
c/o Fred Beck  
205 Carey Ct.  
Neenah, WI 54956-9208  
Tel: 920-558-4127 / email: [JJB@new.rr.com](mailto:JJB@new.rr.com)

Please bring your photos, DVDs, books, maps and other memorabilia for sharing and/or display.

**VOLUNTEER:** Registration \_\_\_\_\_PX \_\_\_\_\_ Hospitality Room \_\_\_\_\_ As Needed \_\_\_\_\_