



Troop Carrier/Tactical Airlift Association

Registration Application

Name: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

Telephone: _____ Email: _____

Dates of Military Service: _____

Troop Carrier/Tactical Airlift Units of Assignment:

Crew Position, Duties: _____

Combat Service (check appropriate box):

- World War II _____
- Korean Conflict _____
- Vietnam _____
- Panama _____
- Grenada _____
- Gulf War _____
- Desert Shield/Desert Storm _____
- Afghanistan _____
- Iraq War _____

Expeditionary Service (Check appropriate box):

- Berlin Airlift _____
- Lebanon (1958) _____
- Quemoy/Matsu Crisis (1958) _____
- Congo 1960 _____
- India _____
- Congo Simba Rebellion _____
- Dominican Crisis _____
- Iranian Hostage Crisis _____
- Balkans _____
- Somolia _____
- Kosovo _____

Decorations, Commendations:

Dues - \$25.00 Annual _____ \$100 Five Years _____ \$250 Life Member _____