

CARD HOLDERS NAME

## **AUSA Community Partner Application**

P.O. Box 101560 • Arlington, VA 22210-0860 • 703-841-4300 • 855-246-6269 • Fax: 703-841-1442

ORGANIZATION				DUES
STREET				
				\$175 1 Year 2 Members
CITY	STATE	ZIP	+ 4 CODE	\$475 3 Year 2 Members
TELEPHONE	FAX			\$370 1 Year 5 Members
NAME OF ODO ANITATION OF PRINCIPAL CONTACT (POO)				\$1000 3 Year 5 Members
		RENEWAL - PARTNER ID NO:		\$685 1 Year 10 Members
PRINCIPAL CONTACT E-MAIL (REQUIRED)	POSITION			\$1750 3 Year 10 Members
				Dues must be paid in U.S. funds.
ORGANIZATION WEBSITE CHAPTER				
The principal contact will automatically be If the principal contact is not to be a meml			erwise noted.	* Rank required if current status is Regular Army,
We wish to donate all unused individual memberships to the local chapter.			National Guard, Army Reserve, or Retired Army.	
MEMBERS (Need different e-mail add	ress for each m	nember; Use 1	1 <sup>st</sup> block for the PO	Cs info, if to be member)  Use another sheet if necessary.
RANK/TITLE* FIRST NAME		INIT.	LAST NAME	
MAILING ADDRESS				CHAPTER MO./YR. OF BIRTH
CITY	STATE	ZIP + 4 CODE		CHECK CURRENT STATUS Regular Army National Guard
INDIVIDUAL E-MAIL (REQUIRED)		TELEPHONE		Army Reserve Retired Army Engaged Citizen Other  Choose how you want your publications sent: DIGITAL PRINT
RANK/TITLE* FIRST NAME		INIT.	LAST NAME	Choose now you want your publications sent. DiGITAL PRINT
MAILING ADDRESS				CHAPTER MO./YR. OF BIRTH
CITY	STATE	ZIP + 4 CODE		CHECK CURRENT STATUS Regular Army National Guard
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