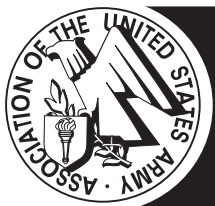


# INDIVIDUAL MEMBERSHIP APPLICATION



## Association of the United States Army

2425 Wilson Boulevard • Arlington, Virginia 22201

855-246-6269 • 703-841-4300 • FAX: 703-841-7570

**Voice for the Army – Support for the Soldier**

☐ **NEW**   ☐ **RENEWAL** \_\_\_\_\_ (Membership Number)

RANK/PREFIX	FIRST NAME	M.I.	LAST NAME	DATE
MAILING ADDRESS				
CITY	STATE	ZIP + 4 CODE	COUNTRY	
MILITARY UNIT				
E-MAIL (REQUIRED FOR ACCESS TO THE AUSA MEMBERS-ONLY WEBSITE. PLEASE AVOID USING A .MIL ADDRESS)				
WORK PHONE	HOME PHONE		MOBILE	
CHAPTER OR CADET COMPANY (IF KNOWN)	MONTH/YEAR OF BIRTH		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

### PLEASE CHECK CURRENT STATUS (Please check all that apply)

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Regular Army                  | <input type="checkbox"/> Retired Other U.S. Armed Services                              | <input type="checkbox"/> Cadet            | <input type="checkbox"/> Foreign National |
| <input type="checkbox"/> National Guard                | <input type="checkbox"/> Other U.S. Armed Services                                      | <input type="checkbox"/> Foreign Military | <input type="checkbox"/> Other            |
| <input type="checkbox"/> Army Reserve                  | <input type="checkbox"/> Veteran  | <input type="checkbox"/> Engaged Citizen  |   |
| <input type="checkbox"/> Retired Army (All Components) | <input type="checkbox"/> U.S. Government Civilian ( <input type="checkbox"/> SES/ES/ST) | <input type="checkbox"/> Family Member    |   |

### 2016 MEMBERSHIP RATES

**NEW**

- ☐ **2 YEARS \$30**      ☐ **5 YEARS \$50**      ☐ **LIFE MEMBER \$300**  
☐ **2 YEARS \$10** (E1-E4, Cadets only)

Members receive monthly editions of ARMY Magazine and AUSA News. You can choose to receive the publications in ☐ print or ☐ via e-mail

Membership in the Association of the United States Army is open to any individual subscribing to Article II of the bylaws. Memberships are non-transferable and non-refundable.

<input type="checkbox"/> CHECK/MONEY ORDER <input type="checkbox"/> CASH _____ (RECEIVED BY)																													
CHARGE APPLICANT'S <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> AMEX																													
CARD NO. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					CARD EXPIRES <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> MO / YR      CVV <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>								
SIGNATURE _____ WHO SIGNED YOU UP? _____																													

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