ASSOCIATION OF THE UNITED STATES ARMY

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MEMBERSHIP APPLICATION

☐ NEW ☐ RENEWAL # _____

RANK/PREFIX*	FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH (MO/YR)

MAILING ADDRESS	CHAPTER
	Fort Knox

CITY	STATE/ COUNTRY	ZIP

PRIMARY E-MAIL (REQUIRED; AVOID USING A .MIL ADDRESS)	PRIMARY PHONE	MAGAZINE SUBSCRIPTION
		☐Print ☐Digital

RELATIONSHIP TO THE ARMY *(Check all that apply)*

☐ Regular Army	☐ Other U.S. Armed Services	☐ Veteran	☐ Cadet
☐ National Guard	☐ Retired Soldier	☐ Engaged Citizen	☐ Military Family
☐ Army Reserve	☐ Retired Other U.S. Armed Services	☐ Foreign Military	☐ Other:
☐ Army Civilian (☐ SES/ES/ST)	☐ Retired Government	☐ Foreign National	_____

MEMBERSHIP RATES

PREMIUM				BASIC
☐ Life $400	☐ 5 Year $75	☐ 2 Year $40	☐ 2 Year $10 E1-E4 and Cadets	☐ 2 Year FREE

METHOD OF PAYMENT *(Premium purchases only)*

TOTAL $_____

☐ Life Member payment plan ($100/mo for 4 months - credit card only)

☐ Credit Card ☐ Check or Money Order ☐ Cash_____ (Received By)

Card no. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Card Expires MO / YR ☐☐☐☐ CVV ☐☐☐☐

☐ CHECK TO OPT IN TO AUTOMATIC RENEWAL.

SIGNED UP BY _____

AUSA prohibits applying for membership with a false identity and reserves the right to cancel such memberships. By completing this application, I certify that my information is true and accurate, that I will abide by AUSA's bylaws, and that I consent to regular contact from AUSA and its affiliates per AUSA's data protection policy.

SIGNATURE _____ DATE _____

* Rank required if current status is Regular Army, National Guard, Army Reserve, or Retired.

Updated 9/22