



# AUSA Community Partner Application

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

ORGANIZATION		
STREET		
CITY	STATE	ZIP + 4 CODE
TELEPHONE	FAX	
NAME OF ORGANIZATION'S PRINCIPAL CONTACT (POC)	MEMBERSHIP <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL - PARTNER ID NO: _____	
PRINCIPAL CONTACT E-MAIL (REQUIRED)	POSITION	
ORGANIZATION WEBSITE	CHAPTER	

## DUES

- \$175      1 Year      2 Members
- \$475      3 Year      2 Members
- \$370      1 Year      5 Members
- \$1000    3 Year      5 Members
- \$685      1 Year      10 Members
- \$1750     3 Year      10 Members

**Dues must be paid in U.S. funds.**

Source: \_\_\_\_\_

**The principal contact will automatically be listed as a member unless otherwise noted. If the principal contact is not to be a member then please check here.**

**We wish to donate all unused individual memberships to the local chapter.**

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

## MEMBERS (Need different e-mail address for each member; Use 1<sup>st</sup> block for the POCs info, if to be member)

Use another sheet if necessary.

RANK/TITLE*	FIRST NAME	INIT.	LAST NAME	CHAPTER	MO./YR. OF BIRTH
MAILING ADDRESS				CHECK CURRENT STATUS <input type="checkbox"/> Regular Army <input type="checkbox"/> National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Retired Army <input type="checkbox"/> Engaged Citizen <input type="checkbox"/> Other _____	
CITY	STATE	ZIP + 4 CODE	TELEPHONE		
INDIVIDUAL E-MAIL (REQUIRED)				Choose how you want your publications sent: <input type="checkbox"/> DIGITAL <input type="checkbox"/> PRINT	
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ACCOUNT NO.	EXP. DATE	CVV CODE	BILLING ZIP CODE
CARD HOLDERS NAME	SIGNATURE	AMOUNT	