ASSOCIATION OF THE UNITED STATES ARMY

# MEMBERSHIP APPLICATION

☐ NEW ☐ RENEWAL # _____

* Required

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

| STREET ADDRESS* | CHAPTER |
|---|---|
| | |

| CITY* | STATE/ COUNTRY* | ZIP* |
|---|---|---|
| | | |

| PRIMARY E-MAIL (AVOID USING A .MIL ADDRESS)* | PRIMARY PHONE* | MAGAZINE SUBSCRIPTION PREMIUM ONLY ☐ Print ☐ Digital |
|---|---|---|
| | | |

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 contact from AUSA and its affiliates per AUSA's data protection policy.

_____ _____

SIGNATURE* DATE

## 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 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. | | | | | | | | | | | | | | | | |

MO / YR

Card Expires | | | | | CVV | | | | |

☐ CHECK TO **OPT IN** TO AUTOMATIC RENEWAL.

_____

SIGNED UP BY

## 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 | _____ |

Updated 6/24