INDIVIDUAL MEMBERSHIP APPLICATION

ASSOCIATION OF THE UNITED STATES ARMY

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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

PRIMARY E-MAIL (AVOID USING A .MIL ADDRESS)	**ALTERNATE E-MAIL**

WORK PHONE	HOME PHONE	MOBILE

CHAPTER OR CADET COMPANY (IF KNOWN)	MONTH/YEAR OF BIRTH	
4404		☐ MALE ☐ FEMALE

PLEASE CHECK CURRENT STATUS (Please check all that apply)

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

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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.

☐ CHECK/MONEY ORDER ☐ CASH _____ (RECEIVED BY)

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CARD NO. | | | | | | | | | | | | | | | | CARD EXPIRES **MO / YR** | | | | CVV | | | |

SIGNATURE _____ **WHO SIGNED YOU UP?** _____

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