



★ RANGERS LEAD THE WAY ★

Affiliate Membership Application

US Army Ranger Association, Inc.

Attn: VP Personnel

P.O. Box 52126, Fort Benning, GA 31995-2126

Tel: (478)628-2406 ♦ Cell: (478)456-0870 ♦ Fax: (478)628-2031

Email: rangersilsby@gmail.com

Apply for membership online at <http://www.ranger.org/>

AFFILIATE MEMBERSHIP CATEGORY

Member Classification	Fee	Comment
<input type="checkbox"/> Annual	\$30.00	Must be renewed before January 1 st each year
<input type="checkbox"/> Life	\$250.00	One-time payment

QUALIFICATION REQUIREMENTS

Affiliate Members are spouses, parents or children (age 18 or older) of any Regular Member (Annual or Life) in good standing who demonstrate a particular interest in supporting Rangers and this association.

To apply for Affiliate membership you must be sponsored by the Regular Member; providing both his USARA member number and his name below. If the sponsor Regular Member is a Life member, the applicant for Affiliate Membership may choose to become a Life Affiliate Member by checking the above classification and paying the associated dues; or the applicant can choose to renew annually. If the sponsor Regular Member is not a Life Member; the Affiliate Member cannot be a Life Affiliate Member.

Upon the death of the sponsor Regular Member, the Affiliate membership shall continue eligibility for Affiliate Membership as long as the sponsor member status was in good standing, upon approval of the USARA Board of Directors, and by continued payment of annual dues.

Special Circumstances: While sponsored USARA membership is a prerequisite for Affiliate Membership; the USARA bylaws provides special considerations by the Board of Directors may be made for Kin of deceased Rangers wishing membership. Occasionally there are spouses, parents and children of US Army Rangers who died or were killed-in-action and were not Regular Members of USARA; but would have qualified for Regular Membership had they applied. An applicant wishing to join USARA as an Affiliate Member in this case must also provide, in addition to this application, documentary proof of the deceased Ranger's eligibility as outlined in the Regular Member qualifications and requirements. Also, in this case the applicant may apply for either Annual or Life membership. Contact the VP, Personnel (at the address and/or contact numbers on this application) for assistance. Applications for Affiliate Membership in this case will handle on a case-by-case basis. The VP, Personnel will present application information to the USARA Board of Directors for review and approval.

Complete/fill-in the information below.

If applying for Affiliate Membership under the special circumstances outlined above, contact us so that we can inform you of the additional documentation required.

Sponsors USARA Member Number: _____ Check the appropriate connection Spouse Parent Child

Sponsors name: _____

PERSONAL INFORMATION

Last Name _____ First Name _____ MI _____ Preferred _____

Address _____ City/Town _____ State/Province _____ Zip/Postal Code _____

Home Phone () _____ - _____ Cell () _____ - _____ Office () _____ - _____ Fax () _____ - _____

Email Address _____

Date of Birth _____ Spouse Name _____

New applications for membership made between October 1 and December 31 of any given year are given credit for the current year and the membership renewal date is extend to the next calendar year.

Membership in the USARA entitles me to the rights and privileges specified in the provisions of the USARA Constitution and Bylaws. To maintain my membership, I will pay dues no later than January 1 of the new year.

My check / money order for \$ _____ is enclosed. **To securely pay by credit card apply online.**

AUTHORITY FOR RELEASE OF INFORMATION

I hereby authorize and consent to the release of information and records bearing on my military service, to the US Army Ranger Association, Inc. The information will be used for the purpose of determining my qualifications for membership. I understand that providing any false information or misrepresenting stated qualifications on this application, or supporting documentation, are grounds for rejection or expulsion, without return of dues. I further certify that the execution of this form is voluntary.

Signature of Applicant

Date

For quick response fax this application and all other documents to the number in the heading above.