



★ RANGERS LEAD THE WAY ★

Associate 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/>

REGULAR MEMBERSHIP CATEGORY

Review the membership levels below and check the level of choice.

Member Classification	Fee	Comment
<input type="checkbox"/> Annual (1-year)	\$30.00	
<input type="checkbox"/> Annual (2-year)	\$50.00	
<input type="checkbox"/> Annual (3-year)	\$80.00	
<input type="checkbox"/> Life	<input type="checkbox"/> \$250.00	One-time payment
	<input type="checkbox"/> \$200.00	One-time payment; senior discount
	<input type="checkbox"/> FREE	100% service-connected disability rating

QUALIFICATION REQUIREMENTS

Associate Members are individuals, military and civilian, who do not meet the qualifications for Regular membership. To apply for the Associate membership category you must be currently or have been directly assigned by Department of the Army orders to the Ranger Training Brigade (or predecessor) or the 75th Ranger Regiment in a administrative, training or training support role for a period of one year; **or** are serving, or have served, proficiently as a member (assigned or attached) to a U.S. or Allied Special Operations Forces (SOF) unit; **or** are a graduate of the Reconnaissance and Surveillance Leaders Course (RSLC) and have been directly assigned by Department of the Army orders to a modern U.S. Army TO&E Long Range Surveillance Company (LRSC); **or**, have undoubtedly supported the Ranger tradition and/or USARA through act or deed over an extended period of time.

Contact us if you have questions concerning these requirements; or if you need additional information. **Check unit or support below; include unit name if applicable.**

Unit (enter name) _____ *Proof of assignment, graduation, etc. must be submitted.*

Served From (MM/DD/YYYY): ____/____/____ To (MM/DD/YYYY) ____/____/____

Support *Documented proof of long-term support/justification for membership must be submitted by a USARA member.*

MILITARY SERVICE INFORMATION

Branch of Service: Army Air Force Navy Marine Corps Coast Guard Allied Military

Component: Active Active Guard Reserve (AGR) National Guard Reserves Cadet

Current Status: Active Separated Retired

Entered Service (MM/DD/YYYY): ____/____/____ Separated/Retired (MM/DD/YYYY) ____/____/____

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.