



## Regular Membership Application

US Army Ranger Association, Inc.  
Attn: Membership  
PO Box 52126, Fort Benning, GA 31995-2126

Email: [Membership@Ranger.org](mailto:Membership@Ranger.org)

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"/> Lifetime	\$250.00	One-time payment
<input type="checkbox"/> Senior (65+)	\$200.00	One-time payment; senior discount
<input type="checkbox"/> 100% Disabled	Free	100% service-connected disability rating

### QUALIFICATION REQUIREMENTS

To apply for membership you must have been awarded the US Army Ranger Tab; or be serving or have served in a Department of the Army recognized US Army Ranger, LRP, or LRRP unit; or have served as advisor to a foreign Ranger unit for one year, or awarded the CIB/CMB/CAB while a member if less than a year. If discharged, you received an Honorable Discharge. **Documentary proof of Ranger service (DD-214, Ranger Tab Award Orders and military unit orders, etc.) must accompany this application.** The National Personnel Records Center has provided the following website for veterans to access their DD-214 online: <http://www.archives.gov/veterans/> **Check Ranger Tab or Ranger Unit below; include unit if applicable.** For the list of approved Ranger Units go to [www.ranger.org](http://www.ranger.org) and click on Join, then Regular Membership.

<input type="checkbox"/> Ranger Tab	Ranger Class Number _____
<input type="checkbox"/> Ranger Unit	Unit: _____ From: _____ To: _____ CIB / CMB / CAB (circle one if applicable)

### MILITARY SERVICE INFORMATION

Branch of Service:	<input type="checkbox"/> Army	<input type="checkbox"/> Air Force	<input type="checkbox"/> Navy	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Allied Military
Component:	<input type="checkbox"/> Active	<input type="checkbox"/> Air Guard Reserve (AGR)	<input type="checkbox"/> National Guard	<input type="checkbox"/> Reserves	<input type="checkbox"/> Cadet	
Current Status:	<input type="checkbox"/> Active	<input type="checkbox"/> Separated	<input type="checkbox"/> Retired			
Entered Service Date: _____ / _____ / _____	Separated / Retired Date: _____ / _____ / _____					

### PERSONAL INFORMATION

Last Name: _____	First Name: _____	MI: _____	Preferred Name: _____
Address: _____	City/Town: _____	State: _____	Zip Code: _____
Home Phone: _____	Cell: _____	Email: _____	
Date of Birth: _____	Spouse Name (If Applicable): _____		
Membership in 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 my specified renewal date. My check or money order for \$_____ is enclosed. <b>To securely pay by credit card, please apply online.</b>			

### 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