



Affiliate Membership Application

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

Email: Membership@Ranger.org
 Apply for membership online at: <http://www.ranger.org>

AFFILIATE MEMBERSHIP CATEGORY

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

Member Classification	Fee	Comment
<input type="checkbox"/> Annual	\$30.00	Must be renewed annually
<input type="checkbox"/> Lifetime	\$250.00	One-time payment

QUALIFICATION REQUIREMENTS

Types of Qualification, select one of the below:

- Spouses, parents, or children (age 18 or older) of any regular member in good standing (the "Sponsor")
- Individuals interested in supporting USARA and Rangers in general

Sponsored Applications:

To apply for Affiliate membership, as a spouse, parent, or child of any regular member in good standing you must be sponsored by the Ranger Member. When applying provide both the USARA Member's Number and name in the space below.

While sponsored USARA membership is a prerequisite for Affiliate Membership, the USARA Bylaws provide special considerations by the Board of Directors may be made for legally recognized lineal descendants of deceased Rangers seeking membership. 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 who 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. Contact the Membership Manager at the address above for assistance. Applications for Affiliate Membership in this case will be handled on a case-by-case basis.

Supporter applications:

Support of USARA's mission, goals, and programs is demonstrated with the completion, signing, and payment of the appropriate member application fees.

Contact us if you have questions concerning these requirements, or if you need additional information.

Sponsor's USARA Member Number: _____ Circle the Sponsor connection: Spouse / Parent / Child
 Sponsor's Name: _____

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.

To securely pay by credit card, please 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

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