



ASSOCIATION OF THE UNITED STATES ARMY

2425 Wilson Blvd, Arlington, VA 22201 | 855-246-6269 | membersupport@ausa.org

MEMBERSHIP APPLICATION

NEW RENEWAL # _____ ADDING FAMILY MEMBER

RANK/PREFIX*	FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH (MO/YR)
MAILING ADDRESS				CHAPTER
CITY	STATE / COUNTRY		ZIP	
PRIMARY PHONE		ALTERNATE PHONE		MAGAZINE SUBSCRIPTION <input type="checkbox"/> Print <input type="checkbox"/> Digital
PRIMARY E-MAIL (REQUIRED; AVOID USING A .MIL ADDRESS)			ALTERNATE E-MAIL	

PLEASE CHECK ONE (Select the box that best describes your current status)

<input type="checkbox"/> Regular Army	<input type="checkbox"/> Other U.S. Armed Services	<input type="checkbox"/> Veteran	<input type="checkbox"/> Cadet
<input type="checkbox"/> National Guard	<input type="checkbox"/> Retired Soldier	<input type="checkbox"/> Supportive Citizen	<input type="checkbox"/> Military Family
<input type="checkbox"/> Army Reserve	<input type="checkbox"/> Retired Other U.S. Armed Services	<input type="checkbox"/> Foreign Military	<input type="checkbox"/> Other:
<input type="checkbox"/> Army Civilian (<input type="checkbox"/> SES/ES/ST)	<input type="checkbox"/> Retired Government	<input type="checkbox"/> Foreign National	_____

MEMBERSHIP RATES

<input type="checkbox"/> Life \$400 (\$1.12/mo over 30 years)	<input type="checkbox"/> 5 Year \$75 (\$1.25/mo)	<input type="checkbox"/> 2 Year \$40 (\$1.67/mo)	<input type="checkbox"/> 2 Year \$10 (E1-4, GS1-4, WG1-8, NA1-8, Cadets)
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FAMILY MEMBER ADD-ON (Sponsor required for add-on digital membership. Use another sheet for multiple family members.)

RANK/PREFIX	FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH (MO/YR)
MAILING ADDRESS				CHAPTER
CITY	STATE / COUNTRY		ZIP	RELATIONSHIP TO SPONSOR: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other
INDIVIDUAL E-MAIL (UNIQUE ADDRESS REQUIRED)		PRIMARY PHONE		<input type="checkbox"/> 2 Year / \$15 <input type="checkbox"/> 5 Year / \$30

METHOD OF PAYMENT

TOTAL \$ _____

MasterCard Visa Amex Check or Money Order Cash _____ (Received By)

Card no.

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 Card Expires

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 MO / YR CVV

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CHECK TO **OPT IN** TO AUTOMATIC RENEWAL.

_____ SIGNED UP BY

AUSA prohibits applying for membership with a false identity and reserves the right to cancel such memberships. By completing this application, I certify that my information is true and accurate, that I will abide by AUSA's bylaws, and that I consent to regular contact from AUSA and its affiliates per AUSA's data protection policy at www.ausa.org/privacy-policy.

SIGNATURE _____

DATE _____

Family Member add-ons expire two or five years from the start date and run independent of the Sponsor's membership period.

Updated 8/20

* Rank required if current status is Regular Army, National Guard, Army Reserve, or Retired.