



★ RANGERS LEAD THE WAY ★

Membership Application

US Army Ranger Association, Inc.

Attn: VP Personnel

P.O. Box 341, Gordon, GA 31031

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Email: asilsby@windstream.net

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

MEMBERSHIP LEVEL			
Review the membership levels below and check the level of choice.			
Member Level	Fee	Comment	
<input type="checkbox"/> Regular (1-year)	\$30.00	Must be renewed before January 1 st each year	
<input type="checkbox"/> Regular (2-year)	\$50.00	Must be renewed before January 1 st second year	
<input type="checkbox"/> Regular (3-year)	\$80.00	Must be renewed before January 1 st third year	
<input type="checkbox"/> Regular (Active Duty E-4 and Below)	\$20.00	Special rate for Ranger soldiers	
<input type="checkbox"/> Life	\$250.00	One-time payment	
<input type="checkbox"/> Life (Installment)	\$62.50	Monthly payment for 4 consecutive months	
<input type="checkbox"/> Life (over 65)	\$200.00	Senior discount	
<input type="checkbox"/> Life (over 65 installment)	\$50.00	Monthly payment for 4 consecutive months	
<input type="checkbox"/> Life (100% Disability)	FREE	US Army Rangers with a Department of Veterans Affairs 100% service-connected disability will be granted Life Membership upon receipt of rating documentation.	
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.			
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 units if applicable.			
<input type="checkbox"/> Ranger Tab	Ranger Class Number _____		
<input type="checkbox"/> Ranger Unit	Enter unit information below	<input type="checkbox"/> CIB <input type="checkbox"/> CMB <input type="checkbox"/> CAB Check awards received	
Unit	From/To Date	Unit	From/To Date
PERSONAL INFORMATION			
Last Name _____ First Name _____ MI _____ Preferred _____			
Address _____ City/Town _____ State/Province _____ Zip/Postal Code _____			
Home Phone () _____ - _____ Cell () _____ - _____ Office () _____ - _____ Fax () _____ - _____			
Email Address _____			
Spouse _____ Date of Birth _____			
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 31 of the new year.			
My check / money order for \$ _____ is enclosed. To securely pay by credit card call us or 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.			