

US ARMY RANGER ASSOCIATION, INC.

www.ranger.org

PO BOX 52126, FORT BENNING, GEORGIA 31995-2126

MEMBERSHIP APPLICATION / RENEWAL

Type Membership: ___ Ranger ___ Life ___ Associate ___ Renewal, Member Number: _____

Name: _____
Last First MI

Mailing Address: _____
Street/Box City State Zip

SSN: _____ Home Phone: _____ Work Phone: _____

FAX: _____ Email Address: _____

USARA provides several ways for you to pay for membership. USARA accepts Visa, MasterCard, and Discover, or you may pay by check or money order. Members renewing their membership can renew online at <http://www.ranger.org>.

CREDIT CARD AUTHORIZATION

Card Type (circle one) : M/C VISA DISCOVER

Card Number: _____ Expiration Date: ____/____/____

Card Holders Name: _____
(exactly as it appears on the credit card)

Billing Address: _____

City _____

State _____ ZIP _____

Card Holder Phone Number:() _____ - _____

Card Holder Signature: _____

MEMBERSHIP QUALIFICATIONS

RANGER ASSIGNMENTS

Units	Inclusive Dates	Units	Inclusive Dates
_____	_____	_____	_____
_____	_____	_____	_____

Graduate of Ranger Class # _____ - _____

RANGER MEMBER: Awarded the US Army Ranger Tab; or serve or have served in a 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 while a member if less than a year. If discharged, received an Honorable Discharge. Documentary proof of Ranger service (DD-214, military orders, etc.) must accompany this application. Annual dues \$30 (\$25 - International) (\$15 for active duty Rangers in grade E-5 and below), three years \$80, five years \$120. If you reside outside the USA, and do not have an APO address, add \$5 per year for postage. The National Personnel Records Center has provided the following website for veterans to access their DD-214 online: <http://www.archives.gov/veterans/>

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LIFE MEMBER: Same as Ranger Member, except a one-time fee of \$250 (over 65 - \$200 and \$280 if not in good standing) is required. Life Membership fees may be paid in 4 monthly installments within one calendar year, with Life Membership being imposed upon receipt of the final installment. US Army Rangers who have been found 100% disabled by an Agency of the US Government will be granted Life Membership upon receipt of documentation from the awarding Agency.

ASSOCIATE MEMBER (Non voting): Operational Associate Members are those not qualified as above, but who have served proficiently as a member (assigned or attached) of a US or Allied military Special Operations unit. Support Associate Members are those not qualified as above, but who have contributed significantly to the support of the USARA, Inc., or to the Ranger community in general. A Regular Member in good standing must nominate Associate Members. Documentary proof of military service and/ or contribution to the Ranger Community must accompany this application. Dues are the same as for a Ranger Member.

Signature of Nominator: _____ Date: _____ MBR# _____

Membership in the USARA, Inc. entitles me to the rights and privileges specified in the provisions of the USARA, Inc. 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, or I have provided credit card information above.

As a member of USARA, you agree to occasionally receive email from USARA regarding announcements, events and news relating to USARA or the Ranger community. Your email address will never be shared with parties outside USARA. All USARA email material is produced within USARA, not third-parties, and is intended solely for the use of our members.

AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS

I hereby authorize and consent to the release of information and records bearing on my military service, to the U S Army Ranger Association, Inc. The information will be used for the purpose of determining my qualifications for membership. I understand that any falsification or misrepresentation on this application, or attachments thereto, is grounds for rejection or expulsion, without return of dues. I further certify that the execution of this form is voluntary.

Signature of Applicant: _____ Date: _____

Mail application to: Secretary, USARA, Inc., PO Box 52126, Fort Benning, GA 31995-2126.

RANGERS LEAD THE WAY!