



★ RANGERS LEAD THE WAY ★

Regular Membership Application

US Army Ranger Association, Inc.

Attn: VP Personnel

P.O. Box 52126, Fort Benning, GA 31995-2126

Tel: (478)628-2406 ♦ Cell: (478)456-0870 ♦ Fax: (478)628-2031

Email: rangersilsby@gmail.com

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"/> Life	<input type="checkbox"/> \$250.00	One-time payment
	<input type="checkbox"/> \$200.00	One-time payment; senior discount
	<input type="checkbox"/> 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 and click on Join USARA, then Regular Membership.

Ranger Tab Ranger Class Number _____
 Ranger Unit _____ From _____ To _____ CIB CMB CAB

MILITARY SERVICE INFORMATION

Branch of Service: Army Air Force Navy Marine Corps Coast Guard Allied Military

Component: Active Active Guard Reserve (AGR) National Guard Reserves Cadet

Current Status: Active Separated Retired

Entered Service (MM/DD/YYYY): ____/____/____ Separated/Retired (MM/DD/YYYY) ____/____/____

PERSONAL INFORMATION

Last Name _____ First Name _____ MI _____ Preferred Name _____

Address _____ City/Town _____ State/Province _____ Zip/Postal Code _____

Home Phone () _____ - _____ Cell () _____ - _____ Office () _____ - _____ Fax () _____ - _____

Email Address _____

Year of Birth _____ Spouse First Name _____

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.

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 1 of the new year.

My check / money order for \$ _____ is enclosed. **To securely pay by credit card 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.