



AUSA Individual with Family Membership Application

P.O. Box 101560

Arlington, VA 22210-0860

Member Support: 1-855-246-6269

Fax: 703-841-1442

NEW / RENEW MEMBERSHIP WITH FAMILY MEMBER(S)

ADD FAMILY MEMBER(S) TO CURRENT MEMBERSHIP

MEMBER NUMBER: _____

SPONSOR (If only adding Family Members, enter your name and member number or email address)					SPONSOR DUES	
PREFIX/RANK*	FIRST NAME	M.I.	LAST NAME	DATE	<input type="checkbox"/>	\$10 (E1- E4, GS1- GS4, WG1-WG8, NA1-NA8, ε and Cadets only)
STREET					<input type="checkbox"/>	\$40 2 YEARS
CITY		STATE / COUNTRY		ZIP + 4 CODE	<input type="checkbox"/>	\$75 5 YEARS
TELEPHONE		MOBILE PHONE		DATE OF BIRTH (MO/YR)	<input type="checkbox"/>	\$400 LIFE MEMBER
EMAIL REQUIRED (AVOID USING A .MIL ADDRESS)		ALTERNATE EMAIL		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CHAPTER (IF KNOWN)	

CURRENT STATUS (PLEASE CHECK ONE)					
<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"/> Engaged Civilian	<input type="checkbox"/> Military Spouse		
<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"/> Dept of Army Civ (<input type="checkbox"/> ES / SES / ST)	<input type="checkbox"/> Retired Dept of Army Civilian	<input type="checkbox"/> Foreign National			

FAMILY MEMBERS (Different email address required for each family member; all publications sent digitally. Use another sheet if necessary.)					
PREFIX/RANK*	FIRST NAME	M. I.	LAST NAME		
MAILING ADDRESS				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (MO/YR)
CITY		STATE / COUNTRY		ZIP + 4 CODE	RELATIONSHIP TO SPONSOR: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other:
INDIVIDUAL EMAIL (REQUIRED)			TELEPHONE	<input type="checkbox"/> \$15 / 2 Years	<input type="checkbox"/> \$30 / 5 Years

PREFIX/RANK*	FIRST NAME	M. I.	LAST NAME		
MAILING ADDRESS				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (MO/YR)
CITY		STATE / COUNTRY		ZIP + 4 CODE	RELATIONSHIP TO SPONSOR: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other:
INDIVIDUAL EMAIL (REQUIRED)			TELEPHONE	<input type="checkbox"/> \$15 / 2 Years	<input type="checkbox"/> \$30 / 5 Years

PREFIX/RANK*	FIRST NAME	M. I.	LAST NAME		
MAILING ADDRESS				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (MO/YR)
CITY		STATE / COUNTRY		ZIP + 4 CODE	RELATIONSHIP TO SPONSOR: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other:
INDIVIDUAL EMAIL (REQUIRED)			TELEPHONE	<input type="checkbox"/> \$15 / 2 Years	<input type="checkbox"/> \$30 / 5 Years

PAYMENT					
CHARGE		<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX		<input type="checkbox"/> CHECK	RECEIVED BY:
ACCOUNT NUMBER		EXP DATE	CVV CODE	BILLING ZIP CODE	
CARD HOLDER'S NAME (PLEASE PRINT)			SIGNATURE	TOTAL (SPONSOR + FAMILY MEMBER(S)) \$	

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

Membership in the Association of the United States Army is open to any individual subscribing to Article II of the bylaws. Memberships are non-transferable and non-refundable.

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