



# AUSA Corporate Membership Application

P.O. Box 101560 • Arlington, VA 22210-0860 • 703-841-4300 • 800-336-4570 • Fax: 703-236-2927

FIRM NAME		
STREET		
CITY	STATE	ZIP + 4 CODE
TELEPHONE NUMBER	FAX NUMBER	
E-MAIL REQUIRED	WEB SITE	
CHAPTER	MEMBERSHIP <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	
NAME OF FIRM'S PRINCIPAL CONTACT	POSITION	

DUES		
<input type="checkbox"/> \$150	1 Year	2 Designee Members
<input type="checkbox"/> \$405	3 Year	2 Designee Members
<input type="checkbox"/> \$315	1 Year	5 Designee Members
<input type="checkbox"/> \$855	3 Year	5 Designee Members
<input type="checkbox"/> \$585	1 Year	10 Designee Members
<input type="checkbox"/> \$1500	3 Year	10 Designee Members

Dues include \$16.50 a year per designee member for a subscription to *ARMY Magazine* and \$14.00 a year per designee for a subscription to *AUSA News*.

**Dues and foreign postage must be paid in U.S. funds. Foreign Postage, add \$15 for each designee per year.**

The principal contact will automatically be listed as a designee unless otherwise noted. If the principal contact is not to be a designee then please check here.

We wish to donate all undesignated memberships to the local chapter.

<b>CHARGE APPLICANT'S</b> <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX		<input type="checkbox"/> CHECK OR MONEY ORDER
ACCOUNT NO.	EXP. DATE	
SIGNATURE	AMOUNT	

FOR AUSA HQ USE ONLY	
CHAPTER NO:	CAD CODE:

## DESIGNEE MEMBERS (E-MAIL ADDRESS REQUIRED FOR EACH DESIGNEE) Use another sheet if necessary.

RANK/TITLE	FIRST NAME	INIT.	LAST NAME	
MAILING ADDRESS			CHAPTER	MO./YR. OF BIRTH
CITY	STATE	ZIP + 4 CODE	CHECK CURRENT STATUS <input type="checkbox"/> Active Component <input type="checkbox"/> National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Retired Army <input type="checkbox"/> Veteran <input type="checkbox"/> Civilian	
E-MAIL REQUIRED	TELEPHONE		CHECK FOR A FAMILY MEMBER BENEFIT I.D. CARD <input type="checkbox"/> Yes - Name:	
RANK/TITLE	FIRST NAME	INIT.	LAST NAME	
MAILING ADDRESS			CHAPTER	MO./YR. OF BIRTH
CITY	STATE	ZIP + 4 CODE	CHECK CURRENT STATUS <input type="checkbox"/> Active Component <input type="checkbox"/> National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Retired Army <input type="checkbox"/> Veteran <input type="checkbox"/> Civilian	
E-MAIL REQUIRED	TELEPHONE		CHECK FOR A FAMILY MEMBER BENEFIT I.D. CARD <input type="checkbox"/> Yes - Name:	
RANK/TITLE	FIRST NAME	INIT.	LAST NAME	
MAILING ADDRESS			CHAPTER	MO./YR. OF BIRTH
CITY	STATE	ZIP + 4 CODE	CHECK CURRENT STATUS <input type="checkbox"/> Active Component <input type="checkbox"/> National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Retired Army <input type="checkbox"/> Veteran <input type="checkbox"/> Civilian	
E-MAIL REQUIRED	TELEPHONE		CHECK FOR A FAMILY MEMBER BENEFIT I.D. CARD <input type="checkbox"/> Yes - Name:	
RANK/TITLE	FIRST NAME	INIT.	LAST NAME	
MAILING ADDRESS			CHAPTER	MO./YR. OF BIRTH
CITY	STATE	ZIP + 4 CODE	CHECK CURRENT STATUS <input type="checkbox"/> Active Component <input type="checkbox"/> National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Retired Army <input type="checkbox"/> Veteran <input type="checkbox"/> Civilian	
E-MAIL REQUIRED	TELEPHONE		CHECK FOR A FAMILY MEMBER BENEFIT I.D. CARD <input type="checkbox"/> Yes - Name:	
RANK/TITLE	FIRST NAME	INIT.	LAST NAME	
MAILING ADDRESS			CHAPTER	MO./YR. OF BIRTH
CITY	STATE	ZIP + 4 CODE	CHECK CURRENT STATUS <input type="checkbox"/> Active Component <input type="checkbox"/> National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Retired Army <input type="checkbox"/> Veteran <input type="checkbox"/> Civilian	
E-MAIL REQUIRED	TELEPHONE		CHECK FOR A FAMILY MEMBER BENEFIT I.D. CARD <input type="checkbox"/> Yes - Name:	