



ASSOCIATION OF THE UNITED STATES ARMY

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MEMBERSHIP APPLICATION

NEW RENEWAL # _____

RANK/PREFIX*	FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH (MO/YR)
MAILING ADDRESS				CHAPTER
CITY		STATE/ COUNTRY		ZIP
PRIMARY E-MAIL (REQUIRED; AVOID USING A .MIL ADDRESS)			PRIMARY PHONE	MAGAZINE SUBSCRIPTION PREMIUM ONLY <input type="checkbox"/> Print <input type="checkbox"/> Digital
AUSA prohibits applying for membership with a false identity and reserves the right to cancel such memberships. By completing this application, I certify that my information is true and accurate, that I will abide by AUSA's bylaws, and that I consent to contact from AUSA and its affiliates per AUSA's data protection policy.				
SIGNATURE (REQUIRED)			DATE	

MEMBERSHIP RATES

PREMIUM				BASIC
<input type="checkbox"/> Life \$400	<input type="checkbox"/> 5 Year \$75	<input type="checkbox"/> 2 Year \$40	<input type="checkbox"/> 2 Year \$10 E1-E4 and Cadets	<input type="checkbox"/> 2 Year FREE

METHOD OF PAYMENT (PREMIUM ONLY)

TOTAL \$ _____

Life Member payment plan (\$100/mo for 4 months - credit card only)

Credit Card Check or Money Order Cash _____ (Received By)

Card no.

Card Expires MO / YR CVV

CHECK TO OPT IN TO AUTOMATIC RENEWAL.

SIGNED UP BY _____

RELATIONSHIP TO THE ARMY (Check all that apply)

<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 Citizen	<input type="checkbox"/> Military Family
<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"/> Army Civilian (<input type="checkbox"/> SES/ES/ST)	<input type="checkbox"/> Retired Government	<input type="checkbox"/> Foreign National	_____

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