



# AUSA Community Partner Application

P.O. Box 101560 • Arlington, VA 22210-0860 • 703-841-4300 • 855-246-6269 • Fax: 703-841-1442

ORGANIZATION		
STREET		
CITY	STATE	ZIP + 4 CODE
TELEPHONE	FAX	
NAME OF ORGANIZATION'S PRINCIPAL CONTACT (POC)	MEMBERSHIP NEW RENEWAL - PARTNER ID NO: _____	
PRINCIPAL CONTACT E-MAIL (REQUIRED)	POSITION	
ORGANIZATION WEBSITE	CHAPTER	

DUES		
\$175	1 Year	2 Members
\$475	3 Year	2 Members
\$370	1 Year	5 Members
\$1000	3 Year	5 Members
\$685	1 Year	10 Members
\$1750	3 Year	10 Members

**Dues must be paid in U.S. funds.**

Source: \_\_\_\_\_

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

**We wish to donate all unused individual memberships to the local chapter.**

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

**MEMBERS (Need different e-mail address for each member; Use 1<sup>st</sup> block for the POCs info, if to be member) 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	Regular Army National Guard Army Reserve Retired Army Engaged Citizen Other _____
INDIVIDUAL E-MAIL (REQUIRED)		TELEPHONE	Choose how you want your publications sent: DIGITAL PRINT	
RANK/TITLE*	FIRST NAME	INIT.	LAST NAME	
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CHARGE	VISA	MASTERCARD	AMEX	DISCOVER	DEBIT	CHECK OR MONEY ORDER
ACCOUNT NO.			EXP. DATE	CVV CODE	BILLING ZIP CODE	
CARD HOLDERS NAME			SIGNATURE		AMOUNT	