



## Affiliate Membership Application

US Army Ranger Association, Inc.  
 Attn: Membership  
 PO Box 52126, Fort Benning, GA 31995-2126

Email: [Membership@Ranger.org](mailto:Membership@Ranger.org)  
 Apply for membership online at: <http://www.ranger.org>

### AFFILIATE MEMBERSHIP CATEGORY

Review the membership levels below and check the level of choice.

Member Classification	Fee	Comment
<input type="checkbox"/> Annual	\$30.00	Must be renewed annually
<input type="checkbox"/> Lifetime	\$250.00	One-time payment

### QUALIFICATION REQUIREMENTS

Affiliate Members are spouses, parents or children (age 18 or older) of any Regular Member (Annual or Life) in good standing who demonstrates a particular interest in supporting Rangers and this Association.

To apply for Affiliate membership, you must be sponsored by the Ranger Member, providing both his USARA Member Number and his name in the space below. If the sponsor is a Regular Life Member, the applicant for Affiliate membership may choose to become an Affiliate Life Member by checking the above selection. If the sponsor is not a Regular Life Member, the Affiliate applicant cannot be an Affiliate Life Member.

Upon the death of the sponsor member, the Affiliate member shall continue eligibility for Affiliate Membership as long as the sponsor member status was in good standing, upon approval of the USARA Board of Directors, and by continue payment of annual dues.

**Special Circumstances:** While sponsored USARA membership is a prerequisite for Affiliate Membership, the USARA Bylaws provides special considerations by the Board of Directors may be made for for legally recognized lineal descendants of deceased Rangers seeking membership. There are spouses, parents and children of US Army Rangers who died or were killed-in-action and were not Regular Members of USARA, but who would have qualified for Regular Membership had they applied. An applicant wishing to join USARA as an Affiliate Member in this case must also provide, in addition to this application, documentary proof of the deceased Ranger's eligibility as outlined in the Regular Member qualifications and requirements. Also, in this case, the applicant may apply for either Annual or Life membership. Contact the Membership Manager at the address above for assistance. Applications for Affiliate MEmbership in this case will be handed on a case-by-case basis. The Membership Manager will present application information to the USARA Board of Directors for review and approval.

Contact us if you have questions concerning these requirements, or if you need additional information.

Sponsor's USARA Member Number: \_\_\_\_\_ Circle the Sponsor connection: Spouse / Parent / Child  
 Sponsor's Name: \_\_\_\_\_

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse Name (If Applicable): \_\_\_\_\_

Membership in 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 my specified renewal date. My check or money order for \$ \_\_\_\_\_ is enclosed.

To securely pay by credit card, please 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