



Associate Membership Application

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

Email: Membership@Ranger.org
 Apply for membership online at: <http://www.ranger.org>

ASSOCIATE MEMBERSHIP CATEGORY

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

Member Classification	Fee	Comment
<input type="checkbox"/> Annual (1-year)	\$30.00	
<input type="checkbox"/> Annual (2-year)	\$50.00	
<input type="checkbox"/> Annual (3-year)	\$80.00	
<input type="checkbox"/> Annual (5-year)	\$120.00	
<input type="checkbox"/> Lifetime	\$250.00	One-time payment
<input type="checkbox"/> Senior (65+)	\$200.00	One-time payment; senior discount
<input type="checkbox"/> 100% Disabled	Free	100% service-connected disability rating

QUALIFICATION REQUIREMENTS

Associate Members are individuals, military and civilian, who do not meet the qualifications for Regular Membership. To apply for the Associate membership category, you must be currently or have been directly assigned by Department of the Army orders to the Ranger Training Brigade (or predecessor) or the 75th Ranger Regiment in an administrative, training or training support role for a period of at least one year; **or** are serving, or have served, proficiently as a member (assigned or attached) to a US or Allied Special Operations Forces (SOF) unit; **or** are a graduate of the Reconnaissance and Surveillance Leaders Course (RSLC) and have been directly assigned by Department of the Army orders to a modern US Army TO&E Long Range Surveillance Company (LRSC); **or**, have undoubtedly supported the Ranger tradition and/or USARA through act or deed over an extended period of time.

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

Unit (enter name) _____ *Proof of assignment, graduation, etc. must be submitted.*

Served from (MM/DD/YYYY): ____ / ____ / ____ through (MM/DD/YYYY): ____ / ____ / ____

Support *Documented proof of long-term support/justification for membership must be submitted by a USARA member.*

MILITARY SERVICE INFORMATION

Branch of Service:	<input type="checkbox"/> Army	<input type="checkbox"/> Air Force	<input type="checkbox"/> Navy	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Allied Military
Component:	<input type="checkbox"/> Active	<input type="checkbox"/> Air Guard Reserve (AGR)	<input type="checkbox"/> National Guard	<input type="checkbox"/> Reserves	<input type="checkbox"/> Cadet	
Current Status:	<input type="checkbox"/> Active	<input type="checkbox"/> Separated	<input type="checkbox"/> Retired			
Entered Service Date: ____ / ____ / ____						Separated / Retired Date: ____ / ____ / ____

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