

Reserve Officers Association of the U.S.

One Constitution Avenue, N.E.
Washington, D.C. 20002-5655
Toll-Free 1-800-809-9448

Available to officers and warrant officers
of the uniformed services of the U.S.

- ARMY • MARINES • NAVY • AIR FORCE
- COAST GUARD • PUBLIC HEALTH • NOAA

MEMBERSHIP APPLICATION

NAME (PLEASE PRINT)

First MI Last

SSN Date of Birth

E-mail address

Street address

City State Zip+4

Telephone (indicate home or office)

Grade Branch of Service

CHECK APPROPRIATE BOX

- New Renewal membership

Member No if renewal: _____

COMPONENT (CIRCLE ONE):

- Reserve • Regular • National Guard • ROTC

MILITARY STATUS (CIRCLE ONE):

- Active • Retired awaiting pay
• Retired w/pay • Former Officer

MEMBERSHIP TERM:

- Life Membership

Deferred & Flexible payment plans available:

- 10% down, balance in nine monthly payments
- \$40 down, minimum 2 pmts/year over 5 years.

- Under age 31/\$490 31-40/\$480
 41-50/\$450 51-55/\$420
 56-60/\$390 61-65/\$360
 66-70/\$320 71-75/\$280
 76 and over/\$250

- Regular Membership

- 1 yr./\$40 3 yrs./\$102
 2 yrs./\$72 5 yrs./\$155

- Co-Membership with Military Association

- Reduce payment by \$15.00 (term only)

- Special Annual Rate

- \$25 for the first paid year for all officers
under the age of 31.

• Other Membership Options

- Free First Year newly commissioned officers &
newly appointed warrant officers. Expected or
actual date of commission or appointment:
_____ Mo. _____ Yr.
 Free First Year Officers/WOs recently
released from Active Duty.
Date separated: _____ Mo. _____ Yr.
 ROTC/Officer and WO Candidates/\$4
 Military Spouse Membership — 1/2 regular
fee. Call for details.

(All options **include** a subscription to *The OFFICER*
at a U.S. rate of \$18.00/yr.)

Payment Options

Life member applicants only, check one of these:

- Payment in full enclosed
 10% down, balance in nine monthly payments
 \$40 min. down, 2 pmts/year for five years.

Payment Method

- Check enclosed
 Charge my credit card # _____
 VISA Master Card American Express
Expiration date _____
 Automatic Renewal authorized.

Signature _____

Dept/Chapt. preference if any: _____

SPONSOR: _____