

Paid Membership Enrollment

SPECIAL OFFER:

Members/Auxiliary* Two Years for \$30

*Surviving spouse of eligible officer.

Name _____

Branch of Service _____ Rank _____

Retired Active Former

Reserve National Guard Auxiliary*

Address _____

City _____ State _____ Zip _____

Date of Birth _____

Phone Number _____

E-mail Address _____

Chapter Name _____

Chapter Recruiter _____

Are you a member of this chapter? Yes No

Spouse Name _____

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