

# ASSOCIATION OF QUARTERMASTERS

PLEASE CIRCLE ONE:    INITIAL                                  RENEWAL                                  ADDRESS CHANGE

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ M OR F (CIRCLE ONE)

RANK/GRADE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

COMPONENT—Circle one: ACTIVE USAR NG RETIRED CIVILIAN OTHER

MAILING ADDRESS:

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (    ) \_\_\_\_\_ Specify DSN, FTS, Commercial

### TIERED/ANNUAL MEMBERSHIP (CIRCLE ONE)

		SFC-MSG	MAJ-GEN
	PVT-SPC	2LT-CPT	CW4-CW5
	SGT-SSG	WO1-CW3	SGM-CSM
	GS 1-7	GS 8-12	GS 13-SES
1-YR	\$20.00	\$25.00	\$30.00
2-YR	\$30.00	\$35.00	\$45.00
3-YR	\$40.00	\$50.00	\$60.00

Discounted Rates based on age
41-60 - \$ 200.00
61 and older - \$100.00

**Lifetime membership: \$250.00** \_\_\_\_\_ or five MONTHLY payments of \$50.00 \_\_\_\_\_

CHAPTER AFFILIATION \_\_\_\_\_

PAYMENT TYPE:    CASH \_\_\_\_\_ CHECK \_\_\_\_\_ MONEY ORDER \_\_\_\_\_ CREDIT CARD \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS ALL CORRESPONDENCE TO:  
ASSOCIATION OF QUARTERMASTERS  
P.O. BOX 5038

FORT LEE, VA 23801                      - PHONE: DSN 687-3082 COMMERCIAL (804) 734-3082    FAX: (804) 734-4375