# 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 ADRESS:**

**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** |

| **DISCOUNT LIFETIME RATES** | |
|---|---|
| **41-60** | **$200.00** |
| **61 and older** | **$100.00** |

**Lifetime membership: $250.00____ or 5 MONTHLY payments of $50.00___**

CHAPTER AFFILIATION _____

**PAYMENT TYPE**: CASH_____ CHECK_____ MONEY ORDER_____ CREDIT CARD_____

CREDIT CARD NUMBER: _____ _____ _____ _____ EXPIRATION DATE:_____ CVC:_____

SIGNATURE_____DATE_____

**ADDRESS ALL CORRESPONDENCE TO:**
**ASSOCIATION OF QUARTERMASTERS, 4310 Gregg Ave, Fort Lee, VA PHONE: (804) 734-3082,**
**www.associationofquartermasters.org**

Form Updated 1/8/2026