



AUSA Corporate Membership Application

P.O. Box 101560 • Arlington, VA 22210-0860 • 703-841-4300 • 855-246-6269 • Fax: 703-236-2920

COMPANY NAME		
STREET		
CITY	STATE	ZIP + 4 CODE
TELEPHONE	FAX	
E-MAIL REQUIRED	WEB SITE	
CHAPTER	MEMBERSHIP <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL - COMPANY MEMBER NO: _____	
NAME OF COMPANY'S PRINCIPAL CONTACT (POC)	POSITION	

DUES

- \$150 1 Year 2 Designee Members
- \$405 3 Year 2 Designee Members
- \$315 1 Year 5 Designee Members
- \$855 3 Year 5 Designee Members
- \$585 1 Year 10 Designee Members
- \$1500 3 Year 10 Designee Members

Dues must be paid in U.S. funds.

The principal contact will automatically be listed as a designee unless otherwise noted. If the principal contact is not to be a designee then please check here.

We wish to donate all undesignated memberships to the local chapter.

*** Rank required if current status is Regular Army, National Guard, Army Reserve, or Retired Army.**

DESIGNEE MEMBERS (Different e-mail address required for each designee)

Use another sheet if necessary.

RANK/TITLE*	FIRST NAME	INIT.	LAST NAME	
MAILING ADDRESS			CHAPTER	MO./YR. OF BIRTH
CITY	STATE	ZIP + 4 CODE	CHECK CURRENT STATUS <input type="checkbox"/> Regular Army <input type="checkbox"/> National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Retired Army <input type="checkbox"/> Veteran <input type="checkbox"/> Civilian	
INDIVIDUAL E-MAIL REQUIRED		TELEPHONE	Choose how you want your publications sent: <input type="checkbox"/> DIGITAL <input type="checkbox"/> PRINT	
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CHARGE VISA MASTERCARD AMEX

CHECK OR MONEY ORDER

ACCOUNT NO.	EXP. DATE	CVV CODE	BILLING ZIP CODE
CARD HOLDERS NAME	SIGNATURE	AMOUNT	