



Life Membership Application



"I wish to apply for Life Membership in the Fleet Reserve Association. I hereby certify that I am eligible. I fully understand the provisions of the Life Membership Program."

Name: _____ Rate/Rank: _____ Current FRA Membership No.: _____

Address: _____
Street Lot/Space City State Zip Code

Phone: () _____ Date of Birth: _____ Social Security No.: _____ FRA Branch No.: _____
Optional

Service: USN USMC USCG Status: Active Reserve Retired Veteran Spouse's Name: _____

Your E-mail Address: _____

Sponsored By: _____ Member No.: _____ Branch No.: _____

Applicant's Signature: _____ Date: _____

FRA dues are not tax deductible as a charitable contribution for Federal income tax purposes, however, they may be tax deductible under other provisions of the Internal Revenue Code. Life Membership dues include a \$40.00 annual subscription to *FRA Today*.

Life Membership Payment Plan

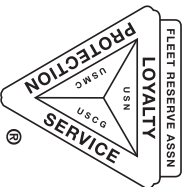
- 1 Year
- 12 equal payments debited from your credit card

Eff. Date: _____
Month Year

Payment Options: MasterCard Visa Discover American Express Check or Money Order Enclosed

Amount: _____ Credit Card No.: _____

Exp. Date: _____ Signature: _____



Life Membership Fees

Effective 1 January 2017

Age	Amount
Active Duty.....	\$400
Ages 40 and younger.....	\$450
Ages 41 to50.....	\$425
Ages 51 to 60.....	\$390
Ages 61 to 70	\$340
Ages 71 to 80.....	\$260
Ages 81 to 99.....	\$200
Ages 100 and older.....	FREE

Your Mission • Your Voice



www.fra.org

800-FRA-1924