



Join FRA: Membership Application

I hereby certify I meet the FRA eligibility requirements of being a current or former enlisted member of the Navy, Marine Corps or Coast Guard.

I would like to join for: 1 Year, \$40 2 Years, \$64 (first time members) 2 Years, \$75 5 Years, \$180

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

Address: _____
Street Lot/Space City State Zip Code

Date of Birth: _____ Social Security No. (Optional): _____ FRA Branch No.: _____ Member at Large

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

Phone: () _____ 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. Membership dues include a \$40 annual subscription to FRA's monthly magazine. Life Membership information available on www.fra.org or by calling 1-800-FRA-1924.

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

Amount: _____ Credit Card No.: _____

Exp. Date: _____ Signature: _____



FRA Membership Receipt

Date of application: _____

Name: _____

Address: _____

Street

Lot/Space

City

State

Zip Code

Dues Paid: _____

FRA Representative Signature: _____



Your Mission • Your Voice



www.fra.org 800-FRA-1924



Refer a friend or family member today. The larger we are, the louder your voice is heard on Capitol Hill.

Serving all current and former enlisted USN, USMC, USCG personnel by fighting to protect:

- Military Healthcare
- Pay and Benefits
- Veterans Services
- Education Enhancements
- Family Readiness
- Quality of Life Programs

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