

# 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	\$17.00	\$20.00	\$25.00
2-YR	\$25.00	\$30.00	\$40.00
3-YR	\$30.00	\$40.00	\$55.00

Discounted Rates based on age	
40-50	\$175.00
50-60	\$150.00
60-70	\$100.00
Over 70	\$50.00

**Lifetime membership: \$200.00** \_\_\_\_\_ or four QUARTERLY payments of \$50.00 \_\_\_\_\_

*(Gift will be mailed upon final payment)*

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

EMAIL: [ASSOCQM@AOL.COM](mailto:ASSOCQM@AOL.COM)