

Special Forces Association
PO Box 41436
Fayetteville, NC 28309

Membership Renewal Form
(Not for use by new members)

Dues pay period is from 1 October through 31 January. Any annual members who have not paid their dues by the grace period will be placed in an Inactive roster and will be removed from the mailing list.

I, _____ hereby apply for renewal of my
(Print Last Name, First Name, MI) (Membership Number)

membership in Chapter _____ of the Special Forces Association and submit the following information:

CHECK ONE OF THE FOLLOWING BOXES:

- Annual Dues.** Enclosed is a check or money order for **\$30.00** for a one-year renewal of my membership. Note: Annual renewal is \$30.00 if paid before 30 January of each year.
- Reinstatement.** Enclosed is a check or money order for **\$35.00**, which includes a \$5.00 reinstatement fee along with the \$30.00 annual renewal fee. Note: annual renewals are \$35.00 after 30 January of each year.
- Life Membership.** Enclosed is a check or money order **\$400.00** for a lifetime membership. The \$400.00 fee applies to members in good standing only.
- Reinstatement & Life Membership.** Enclosed is a check or money order **\$435.00** for reinstatement and lifetime membership of which \$400.00 is the life membership fee, \$30.00 is for annual dues and \$5.00 is for reinstatement.
- Life Membership (65 and over). Date of Birth _____.** Enclosed is a check or money order for **\$280.00** for a lifetime membership. The \$280.00 fee applies to members in good standing only.
- Reinstatement & Life Membership (65 and over). Date of Birth _____.** Enclosed is a check or money order for **\$315.00** for reinstatement and a lifetime membership of which \$280.00 is the life membership fee, \$30.00 is for annual dues and \$5.00 is for reinstatement

Current mailing address: _____
Address City State Zip + 4

Home Telephone: (_____) _____ - _____ Work Telephone :(_____) _____ - _____

Email Address: _____

Date of Birth: _____

Retired Rank/Rank at Separation: _____