

MEMBERSHIP APPLICATION

Special Forces Association

Post Office Box 41436 Fayetteville, North Carolina 28309-1436



MEMBERSHIP TYPE

Last	First		II Age	Decade Membership General Membership	
			C	Associate Membership Life Membership	
Mailing Address			_	Ene Membership	
City	State	Zip (PLUS-	-FOUR)	SSN	
E-mail Address			_	()Telephone	
A	. 5C 19/190 Caria MOC are		(-i1-i1) : d-		
	e to Special Forces and/or Special			entifier and/or MOS, and date awarded) Months	
,		SF ASSIGN			
UNITS	INCLUS	IVE DATES	UNITS	INCLUS	IVE DATES
ONTS	INCLOS	IVE DATES	ONTS	INCLUSI	VL DATES
Rank at Retirement:					
		BERSHIP QU	ALIFICATIO	NS	
the United States Army Nationa and/or Special Forces Tab and M Forces Training. Membership q Also acceptable, and grandfather	al Guard Special Forces Units, has IOS, and if discharged, has receive unalification lineage includes all ur	completed Spect an Honorable lates officially listerst Special Services	cial Forces Train Discharge. Speci ed on the First Speci	Special Forces, to include the United States a ing and has been awarded a Special Forces al Forces MOS's are those awarded upon consecial Forces lineage certificate are acceptable and UNPIK-8240 of Korea. The Ranger units	prefix 3, suffix S, npletion of Special le for membership.
Reserve, and the National Guard discharged, has received an Hon	Special Forces Units for a minim	um of ten years, ership may also b	who has been aw	ember of the US Army Special Forces, include varded a Prefix "3" or the Suffix "S," 5G, 18/2 nbers who have a combination of 10 years Special Forces.	180 series, and, if
and the National Guard, who has		Suffix "S," 5G, 1		f the US Army Special Forces, including the S and, if discharged, received an Honorable D	
Special Forces, or its lineage, i		sion. Application	ons for Associate	above, but who has contributed significantly emembership are subject to the approval of	
	ent additional information is entation will be returned as in		ithorized belov	w. Incomplete applications or applica	tions submitted
	AUTHORITY FOR RE	ELEASE OF I	NFORMATIO	N AND RECORDS	
				vice to the Special Forces Association. The incution of this form is voluntary and shall be	
Signature				Date:	
Witness				Date:	

I understand that Special Forces Association membership entitles me to all the rights and privileges specified in the provisions of the Special Forces Association Constitution. Enclosed is a check or money order for \$40.00, payable to the SFA for the initiation fee (\$10.00) and first year dues (\$30.00). To maintain my membership, I will pay the annual dues of \$30.00 no later than 30 January each year. If paid after 30 January, I must pay an additional \$5.00 reinstatement fee (total of \$35.00). Lifetime membership is available to members in good standing at a cost of \$400.00 (\$435.00 if dues are not current.). All qualified new members must pay a total of \$440.00 for a new Lifetime membership.