



Link Forever Those Who Served Together

## Membership Application Active Duty Personnel Only

Applicants must complete this form entirely. The FRA will never disclose applicant's personal information to any other party. Applicant's signature on the completed form hereby grants the FRA permission to verify the information provided.

**Name:** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Nickname \_\_\_\_\_

**Address:** Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Contact:** Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Service:** Branch \_\_\_\_\_ Status \_\_\_\_\_ Rank \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

(USMC/USN/USA/ASAF) (Active)

Recon Unit/Dates (Provide Proof - i.e. Copy of orders/ Jump/Diving Log/Company Rosters, etc.):

Current Unit:

References: List at least three (3) that are either members of the FRA or still on active duty (USMC/USN):

Dues Attached:      Yes      No      Date/Time Signed \_\_\_\_\_

\$40 Per Year - Annual      Signed: \_\_\_\_\_

Mail this completed application to: FRA - P.O. Box 111000 - Carrollton, TX 75011

FOR OFFICIAL USE ONLY: _____ Approved _____ Disapproved (Comment) _____
MEMBER NUMBER: _____ TYPE: _____ POSTED: _____
REVISED: APR 2017 WELCOME PKG SENT: _____ ID CARD ORDERED: _____