



Fleet Reserve Association 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, \$30.00 2 years, \$57 (first time members only \$48) 3 years, \$85.50 5 years, \$135



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: 269

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

Phone: () _____ E-mail Address: _____

Recruited By: _____ Member No: _____ Branch No: _____

Applicant's Signature: _____ Date: _____

FRA dues are not tax deductible as charitable contribution for Federal income tax purposes, however, they may be tax deductible under other provisions of the IRS.

Membership dues include a 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, 125 N. West Street, Alexandria, VA 22314-2754 * Phone 1-800-FRA-1924 * www.fra.org



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