



RAUS MEMBERSHIP APPLICATION

The Retired Association for the Uniformed Services, Inc.

326 Main Street

Franklin, Tennessee 37064-2614

800-321-RAUS

OFFICE USE ONLY

Member # _____

Certificate # _____

Member Name: (Last) _____ (First) _____ (Initial) _____

Member Social Security # _____ Date of Birth: _____

Spouse Name: (Last) _____ (First) _____ (Initial) _____

Spouse Social Security # _____ Date of Birth: _____

Address: Street _____

City _____ State _____ ZIP Code _____

Military Data: (Branch) _____ (Rank) _____ (Service #) _____

Military Entry Date: ____/____/____ Discharge Date: ____/____/____

I hereby request membership in RAUS to take advantage of the member-only association benefits. I have included the discounted initial membership dues and understand that continued membership and benefit enjoyment requires renewal of my membership upon expiration of the initial period.

DUES RATES

	<u>Initial Dues</u>	<u>Future Renewal</u>
<input type="checkbox"/> 1 year membership	\$ 5.00	\$10.00
<input type="checkbox"/> 3 year membership	\$20.00	\$25.00
<input type="checkbox"/> 5 year membership	\$35.00	\$40.00
<input type="checkbox"/> Life memberships are based on age.		

Date: _____ Phone: _____ Signed: _____