

APPLICATION & PAYMENT FORM | SPECIAL OFFER VALID APRIL 15, 2022 THROUGH JULY 15, 2022

All membership information will be sent or emailed to you via the information as submitted below.

First Name		Middle Initial
Last Name		Suffix
Spouse Name		
Mailing address		
City/State/Zip		
Personal Email Address		
Home Phone Cell Phone		ll Phone
te of Birth Membership ID# (for renewals)		
Rank Last Assignment DEROS/Expected Graduation Date (month/year)		
I AM A WAR VETERAN Dates:		
Membership Type: UNIFORMED FAMILY	ASSOCIATE	MEMBERSHIP YOUR CHOICE (select one):
Uniformed Services: USA USMC USN	USCG	[] MEMBER FOR LIFE\$300 (22DIV3MFL)
USAF USPHS NOAA USSF	OTHER	[] Renewals - 1 Year Membership\$30 (22DIV31YR)
Military Component: Active Duty Guard I	Reserve	[] 3 Year Membership\$75 (22DIV33YR)
Status: Active Retired Veteran		
Recruiter/Retainer Name/#		Assign to Chapter
PA Please do NOT send checks drawn on foreign banks, or send o	YMENT METHO cash by mail. Overpay	
PAYMENT INFO: [] Check # [] Money Ord	der Credit Ca	ard: [] Visa [] Mastercard [] AmEx [] Discover
Total amount to be billed: \$		
Name as it appears on your Credit Card		
Address	Address City/State/Zip	
Credit Card #		Exp Date/ Security Code
Signature		Date
PAID		HQSTAFF
www.hgafsa.org Membership dues are non-refundable and subject	to credit card approv	al. Please send completed application to mfsvc@hgafsa.org 3-2022