



# Join the FRA: Membership Application

I certify that I fulfill the eligibility requirements and want to join the FRA.



Name: \_\_\_\_\_ Rate/Rank: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Lot/Space City State Zip Code

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Service: \_\_\_\_\_ Status: \_\_\_\_\_ Membership Preference: Branch No. \_\_\_\_\_  Nearest to Home  Member-at-Large

Previous FRA Member:  No  Yes (If yes, previous Member No.: \_\_\_\_\_)

Recruited By: \_\_\_\_\_ Member No.: \_\_\_\_\_ Branch No.: \_\_\_\_\_

Spouses Name: \_\_\_\_\_ Your E-mail Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Dues:
- 1 Yr \$25.00
  - 2 Yrs \$47.50
  - 3 Yrs \$71.25
  - 5 Yrs \$112.50

Payment Options:  MC  Visa  Discover  AE  Check-enclosed

Credit Card No. \_\_\_\_\_

Exp. Date: \_\_\_\_\_

## Join FRA today!

FRA works to preserve and enhance benefits and quality-of-life programs for members of the Navy, Marine Corps and Coast Guard. We represent the enlisted perspective in dialogue with members of Congress, giving voice to our members' concerns. FRA also assists our shipmates in solving individual career and entitlement problems. FRA members are eligible for a wide variety of benefits including subscription to our monthly magazine, discounts on insurance, car rentals and travel. Make your voice heard.

## Join the Ladies Auxiliary of the FRA today!

Organized in 1930, the Ladies Auxiliary of the Fleet Reserve Association (LA FRA) is chartered to aid, assist and promote all matters pertaining to welfare, social, and patriotic works of the FRA, its members and their families. Over 200 LA FRA units are located throughout the United States and overseas. There is also a Membership-at-Large (MAL) roll administered by the LA FRA National Offices, for those who do not have access to, or do not desire to join a unit.



# Join the Ladies Auxiliary of the FRA: Membership Application

Name in Full: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Lot/Space City State Zip Code

Date of Birth: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Unit Preference: \_\_\_\_\_

I am the  Wife  Sister  Widow  Daughter  Mother  Granddaughter  Grandmother  Step Daughter

of: \_\_\_\_\_  
Serviceman's Full Name Rate USN, USMC, USCG

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Proposed By: \_\_\_\_\_ Member No.: \_\_\_\_\_ Unit: \_\_\_\_\_

### VERIFICATION OF ELIGIBILITY

The above named Fleet Reservist is a member of the Fleet Reserve Branch \_\_\_\_\_

The above named Fleet Reservist was eligible to be a member of the Fleet Reserve Branch \_\_\_\_\_  
at the time of his death \_\_\_\_\_  
Date Unit Secretary Date

Dues:  \$15.00 — enclosed