



Life Membership Application



"I wish to apply for Life Membership in the Fleet Reserve Association. I hereby certify that I am eligible. I fully understand the provisions of the Life Membership Program."

Name: _____ Rate/Rank: _____ Current FRA Membership No.: _____

Address: _____
Street Lot/Space City State Zip Code

Phone: () _____ Date of Birth: _____ Social Security No.: _____ FRA Branch No.: _____
Optional

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

Your 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 Internal Revenue Code.

Lifetime Membership Payment Plan

- 1 Year
- 2 Years

Eff. Date: _____
Month Year

Payment Options: MasterCard Visa Discover American Express Check or Money Order Enclosed

Amount: _____ Credit Card No.: _____

Exp. Date: _____ Signature: _____

Life Membership Fees

Effective 1 May 2009

Age	Amount
20	\$452
21	\$451
22	\$451
23	\$450
24	\$450
25	\$449
26	\$448
27	\$448
28	\$447
29	\$446
30	\$445
31	\$444
32	\$443
33	\$442
34	\$441
35	\$440
36	\$439
37	\$437
38	\$436
39	\$434
40	\$433
41	\$431
42	\$429
43	\$427
44	\$425
45	\$423
46	\$421
47	\$418
48	\$415
49	\$413
50	\$410
51	\$407
52	\$403
53	\$400
54	\$396

Age	Amount
55	\$392
56	\$388
57	\$384
58	\$379
59	\$374
60	\$369
61	\$364
62	\$359
63	\$352
64	\$346
65	\$340
66	\$333
67	\$327
68	\$319
69	\$311
70	\$303
71	\$296
72	\$288
73	\$280
74	\$271
75	\$262
76	\$254
77	\$244
78	\$235
79	\$225
80	\$217
81	\$207
82	\$199
83	\$190
84	\$181
85	\$171
86	\$163
87	\$155
88	\$147
89	\$138