



Armed Forces E9 Association, Inc.
699 E. Veterans Memorial Boulevard
Harker Heights, Texas 76548

Phone: 254-680-4205 Email: HQ@afe9a.us
 Website: <http://afe9a.us>

For National Use Only

Membership # _____
 Effective Date _____
 Expiration Date _____

Application for Membership/Transfer
(Please Print or Type)

Please enroll me as a member of the Armed forces E9 Association, Inc. (AFE9A). I request to be a
 (Please check one):
 National Member at large Member through the _____ Chapter of the AFE9A

I have enclosed \$ _____ in payment of my membership dues as indicated below (Please check one):
 (Make check or money order payable to AFE9A and mail to above address)

Annual
 1 Year - \$25.00 2 Years - \$48.00 3 Years - \$70.00
Life Membership

| | |
|---|--|
| <u>Under 51</u> - () \$250.00 () 4 Quarterly payments of \$62.50 each | <u>61 - 65</u> - () \$175.00 () 4 Quarterly payments of \$43.75 each |
| <u>51 - 55</u> - () \$225.00 () 4 Quarterly payments of \$56.25 each | <u>66 - 70</u> - () \$150.00 () 4 Quarterly payments of \$37.50 each |
| <u>56 - 60</u> - () \$200.00 () 4 Quarterly payments of \$50.00 each | <u>Over 70</u> - () \$100.00 () 4 Quarterly payments of \$25.00 each |

Name _____
 (Last) (First) (MI)

Address _____

 (Post Office) (State) (Zip + 4)

Check one: Active Retired Inactive Reserve/National Guard

Rank _____ Branch _____
 (CMSgt, CSM, SGM, MCPO, SgtMaj, MGySgt, etc. NOT E9) (USA, USAF, USCG, USMC or USN)

Retirement Date _____
 (Mo/Day/Year)

Home Phone _____ Work Phone (Optional) _____

E-mail Address _____

Date of Birth _____ Spouse's First Name _____
 (Mo/Day/Year)

Signature _____ Date of Application _____
 (Mo/Day/Year)

Recruiters Name _____