

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:		Cı	urrent FRA Membership No.:	₹ */®				
Address:		Lot/Space									
St	reet	Lot/Space	City		St	ate Zi	p Code				
Phone: ()		Date of Birth:		_ Social Security	No.:	FRA Branch	No.:				
Service: USN USMC USCG Status: Active Reserve Retired Veteran Spouse's Name:											
Your E-mail Address:											
Sponsored By:				Membe	r No.:	Branch No.:					
Applicant's Signature: Date:											
FRA dues are not tax deductible as a charitable contribution for Federal income tax purposes, however, they may be tax deductible under other provisions of the Internal Revenue Code. Life Membership dues include a \$40.00 annual subscription to FRA Today.											
Life Membership	Payment Plan	Payment Options: ☐ Master	Card □ Visa	☐ Discover	☐ American Express	☐ Check or Money Order Encl	osed				
□ 1 Year	nents debited from	Amount:		Credit Card No.:_	•						
Eff. Date:	Year	Exp. Date:		Signature:							

LOYALTY



Membership Fees

Effective 1 January 2017

Ages 100 and older	Ages 81 to 99\$200	Ages 71 to 80	Ages 61 to 70	Ages 51 to 60	Ages 41 to50	Ages 40 and younger\$450	Active Duty	Age
FREE	\$200	\$260	\$340	\$390	\$425	\$450	\$400	Amount

Mission Voice

