

**Special Forces Association  
PO Box 41283  
Providence, RI 02940**

**Membership Renewal Form  
(Not for use by new members)**

**Dues pay period is from 1 October through 31 January. Any annual members who have not paid their dues by the grace period will be placed in an Inactive roster and will be removed from the mailing list.**

I. \_\_\_\_\_ hereby apply for renewal of my  
(Print Last Name, First Name, MI) (Membership Number)

membership in Chapter **48** of the Special Forces Association and submit the following information:

**CHECK ONE OF THE FOLLOWING BOXES:**

- Annual Dues.** Enclosed is a check or money order for **\$40.00** for a one-year renewal of my membership. Note: Annual renewal is \$40.00 if paid before 30 January of each year.
- Reinstatement.** Enclosed is a check or money order for **\$45.00**, which includes a \$5.00 reinstatement fee along with the \$40.00 annual renewal fee. Note: annual renewals are \$45.00 after 30 January of each year.
- Life Membership.** Enclosed is a check or money order **\$440.00** for a lifetime membership. The \$440.00 fee applies to members in good standing only.
- Reinstatement & Life Membership.** Enclosed is a check or money order **\$475.00** for reinstatement and lifetime membership of which \$440.00 is the life membership fee, \$30.00 is for annual dues and \$5.00 is for reinstatement.
- Life Membership (65 and over). Date of Birth \_\_\_\_\_.** Enclosed is a check or money order for **\$320.00** for a lifetime membership. The \$320.00 fee applies to members in good standing only.
- Reinstatement & Life Membership (65 and over). Date of Birth \_\_\_\_\_.** Enclosed is a check or money order for **\$345.00** for reinstatement and a lifetime membership of which \$320.00 is the life membership fee, \$20.00 is for annual dues and \$5.00 is for reinstatement

Current mailing address: \_\_\_\_\_  
Address City State Zip + 4

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Telephone :(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Retired Rank/Rank at Separation: \_\_\_\_\_

**Make your check payable to Special Forces Association and mail it to: P.O. Box 41283, Providence, RI 02940**