



U.S. ARMY ORDNANCE CORPS ASSOCIATION
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MEMBERSHIP APPLICATION

Membership Information

Email Address: _____ Rank: _____
 Name: _____ Status: Active Duty Retired
 Address: _____ Category: Army Reserve Guard Civ
 City: _____ State: _____ Zip: _____ Chapter Affiliation: _____
 Phone (H): _____ Membership Number: _____
 Phone (W): _____

I authorize the release of my name to be printed in the Association Membership Roster

US & APO Addresses	
Civilians or E6 and above	
<input type="checkbox"/> 1 Year	\$ 16.00
<input type="checkbox"/> 2 Years	\$ 30.00
<input type="checkbox"/> 3 Years	\$ 42.00
E5 and below	
<input type="checkbox"/> 1 Year	\$ 10.00
<input type="checkbox"/> 2 Years	\$ 18.00
<input type="checkbox"/> 3 Years	\$ 24.00

Lifetime Membership age and rates	
<input type="checkbox"/> 50 & Younger	\$ 300.00
<input type="checkbox"/> 51-59	\$ 200.00
<input type="checkbox"/> 60 & Older	\$ 150.00

Please check one of the following:

- I purchased my membership online: Transaction ID: _____
 I have enclosed a Check / Money Order for the amount selected above.
 *Make payable to: U.S. Army Ordnance Corps Association
 Please charge my Visa Mastercard

Credit Card Number: _____ Expiration Date: _____
 Name on Credit Card: _____ Security Code: _____
 Signature: _____ Date: _____

**** Signature required for credit card purchases.**

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