



MEMBERSHIP APPLICATION

- **Membership:** Any honorably discharged enlisted person – retired, active duty, National Guard or Reserve, or the spouse/widow/widower of an honorably discharged enlisted person - retired, active duty, National Guard or Reserve shall be eligible for membership. Membership entitles the person to all privileges of membership including attending business meetings, making motions and holding office.

New Member Renewal Membership Number: _____

Name: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-Mail: _____

Spouse: _____ Your Grade/Rank: _____ Years Served: from _____ to _____

Which chapter do you wish to be assigned to: _____ I wish to remain a Member-at-Large (MAL)

Recruiter Information: Name: _____ Membership Number: _____

Service: Air Force Army Navy Marines Space Force Coast Guard Guard/Reserve

I am : Retired Veteran Active Duty Spouse/widow/widower of a veteran

By submitting payment, I acknowledge that I am an Enlisted U.S. Armed Forces Veteran and as such qualify to be a member of TREA: The Enlisted Association (if joining as a veteran spouse/widow/widower, your payment acknowledges the veteran status of your spouse).

Proof of eligibility falls on the applicant and not TREA

Membership Dues (Does not include Chapter dues, if applicable)

- One Year - \$30
- Two Years - \$55
- Three Years - \$75

Payment:

Visa

Master Card

Discover

American Express

Make checks payable to: TREA)

Credit Card Number: _____

Expiration Date: _____ CCV: _____

Please return your completed application to:

TREA: The Enlisted Association - 12200 E. Briarwood Ave, Suite 250 - Centennial, CO 80112

E-mail: treahq@trea.org

303-752-0660 800-338-9337

www.trea.org