

## **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 Nur	nber:		-
Name:			Bir	thdate:	
Address:	Cit	y:	State:	Zip Code:	
Phone Number:		E-Mail:			
Spouse:	Your Grade/Rank: Years Served: from to				
Recruiter Information: Name:		Membership	Number:		
Chapter Affiliation: I wish to be	e assigned to Chapter #	, I wish	n to be a Member-at	Large (MAL)	
Service: Air Force		☐ Marines ctive Duty ☐ Sp	Space Force	Coast Guard	Guard/Reserve
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 elegibility falls on the applicant and not TREA					
Membership Dues (Does not in One Year - \$30 Two Years - \$55 Three Years - \$75	clude Chapter dues, if ap	plicable)			
Payment:	Credit Card	Number:			
Visa Master Card Discover American Express	Expiration I	Date:	CCV:		
Make checks payable to:	TREA)				
TREA: T	Please ret he Enlisted Association -			Centennial, CO 80	112
		303-752-0660 wv	ww.trea.org		