

Special Forces Association Dues

Without your dues the effectiveness of the Association and the Chapters are impaired. **Dues must be submitted by 31 December of each year (a grace period of 30 days is granted to all annual dues paying members).** Members who do not pay dues by 30 Jan become delinquent and placed on inactive status and will not receive future copies of the Drop or other official correspondence from the Association. Remember the strength of the Association rest in its members.

Dues paid covers a period of 1 January to 31 December regardless of date paid. Dues paid after 30 September will be applied to the next year's dues (and will be effective immediately)

**It is Important that you remit your dues to:
SFA Chapter XI, P.O. Box 1328, Springfield, VA 22151**



Special Forces Association Renewal/Reinstatement Form Chapter XI



I, _____ hereby apply for renewal of my membership in Chapter XI
(Print Last Name, First Name, MI) (Membership Number)
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. Notes Annual renewals are \$45.00 after 30 January of each year.
- Life Membership.** Enclosed is a check or money order for **\$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 for **\$475.00** for reinstatement and lifetime membership.
- 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 lifetime membership.

****NOTE: Life Members do not pay annual dues.**

Current mailing address: _____
Address City State Zip + 4

Homephone:(____) ____-____-____ Workphone:(____) ____-____-____ Cellphone:(____) ____-____-____

Email Address: _____

Date of Birth: _____ Rank at Retirement or Separation: _____