



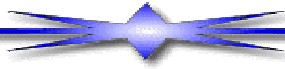
# North County Retired Military Association Membership Application



Select your eligibility category for membership. Place an "X" by your selection.

I am recognized by the U.S. Department of Defense as:

- A Military Retiree
- The Spouse of Widow(er), of a Military Retiree and not remarried,
- The Widow(er), not remarried, or a Dependent of a Member of the Military Killed in Action (KIA).



- \* **"Military"** means the Air Force, Army, Coast Guard, Marines or Navy of the United States, or the National Guard or Air National Guard of a state or territory of the United States, or of the District of Columbia.
- \* **"Military Retiree"**, "Retired from the Military", and similar expressions, refer to official retirement from active duty in one of the Armed Services named above. This also includes the **"Medical"** Retirement category.
- \* On this application, **"State"** refers to a state or territory of the United States, or to the District of Columbia.
- \* Once your Membership has been accepted, the **Membership Fee is not refundable**.
- \* Memberships qualified by marriage involving remarriage will not be renewable when it expires, unless your new spouse qualifies you for membership. Since Life Memberships do not need to be renewed, they are not affected by this rule.

The **Annual** membership fee of Twenty-Five Dollars (**\$25.00**) per year shall apply to **all** regular, charter and associate members.

The **Lifetime** membership fees are as follows:

<u>Applicant/Members Age</u>	<u>Lifetime Membership Fee</u>
Through Age 40	\$ 160.00
Age 41 through 50	145.00
Age 51 through 60	120.00
Age 61 through 70	80.00
Age 71 and over	40.00

Applicant's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mail completed application to:  
NCRMA  
P.O. Box 4705  
Oceanside, CA 92052-4705

*Thank you!*