



NATIONAL MILITARY FAMILY ASSOCIATION

Together we're stronger

PLEASE COMPLETE THIS FORM AND MAIL WITH PAYMENT TO: NATIONAL MILITARY FAMILY ASSOCIATION
2500 NORTH VAN DORN STREET, SUITE 102
ALEXANDRIA, VA 22302

BILLING INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ MEMBER ID: (IF APPLICABLE) _____

Email: _____

LEVEL OF MEMBERSHIP

\$20 – One Year

\$50 – Three Year

\$300 – Lifetime

PAYMENT METHOD

Cash

Visa/MasterCard

Check

Discover

Credit Card #: _____

Exp. Date: _____ CVV (3-digit # on back of card): _____

Signature: _____

PLEASE COMPLETE ALL APPLICABLE ITEMS FOR OUR MEMBERSHIP RECORDS

SERVICE MEMBER

SPOUSE

NAME: _____

STATUS: _____
(RETIRED, ACTIVE DUTY, VETERAN, NATIONAL GUARD, RESERVE, WIDOWED, OTHER)

BRANCH OF SERVICE: _____

RANK: _____

PLEASE SELECT ANY PUBLICATIONS YOU WOULD LIKE TO RECEIVE

Newsletter by email Military Family Topics

Newsletter by mail Monthly Bulletin

I do not wish to receive any publications

QUESTIONS? CONTACT US
Phone: 703-931-6632 ext.320
E-mail: Membership@MilitaryFamily.org

JOIN OR RENEW TODAY!