

## **ASSOCIATION OF QUARTERMASTERS**

Print out form; fill in information and mail with your payment to:

ASSOCIATION OF QUARTERMASTERS

P.O. BOX 5038 FORT LEE, VA 23801

PHONE: COMMERCIAL (804) 734-3082 FAX: (804) 734-4375

EMAIL: ASSOCQM@AOL.COM

PLEASE CIRCLE ONE: INITIAL			RENEWAL		ADDRESS CHANGE		
NAME: (Last)			(First)			(MI)_	
DOB:			M or F (Circl	e One)			
RANK/GRADE	Ε:	E-MAIL:					
COMPONENT	Γ (Circle On	e) ACTIVE	USAR NG	RETIRED	CIVILIAN	OTHER	
MAILING ADF	RESS:						
CITY:				STA	TE:	ZIP:	
PHONE: Land	d-Line:		CELL:				
<u>Membershi</u>	p Dues	E7-E8	O4-GEN	l if	etime Memb	nershin	
		01-03	CW4-CW5		count Based		
_	E1-E6	W01-CW3	SGM/CSM		Age	Price	
	GS 1-7	GS 8-12	GS13-SES			nger \$250.00	
1 Year	\$20.00	\$25.00	\$30.00		41 - 60		
2 Year	\$30.00	\$35.00	\$45.00	1 :6-4:	61 and old		
3 Year	\$40.00	\$50.00	\$60.00			rship: \$250.00 c 50.00 (online o	
<b>Annual Rate</b>	: Same as		pendent on you			payment is rec	eived
CHAPTER AF	FILIATION	RED HAT CH	IAPTER				
PAYMENT TYPE: CASH (		CHECK MONEY ORDER CREDIT CARD					
CREDIT CAR	D NUMBER	:		EXP DATE:			
SIGNATURE:				DATE:			

MAIL COMPLETED FORM WITH PAYMENT TO THE ADDRESS ABOVE or VISIT AQM WEBSITE