



**U.S. MILITARY RETIREE ASSOCIATION
OF SOUTHERN ITALY**
PSC 808 BOX 4, FPO AE 09618-0001
(USMRA-SI)

2017+

MEMBERSHIP APPLICATION

The USMRA-SI is chartered by the U.S. Naval Support Activity Naples as a private organization in accordance with NAVSUPACT NAPLES INST 1710.11B. Information on this form will be retained on file by the USMRA-SI. If you are a retiree survivor, please give us your name, address and telephone number, but state the rank and service of your sponsor.

Name: _____ SSN Last 4: _____
Last, First, MI (Needed in case of emergency)

Status: _____ Date of Birth: _____ Service _____
Retired, Survivor

Retirement Date: _____ Employed or Fully Retired: _____

Retired Rank/Rate: _____

APO/FPO Mailing Address: _____

Local Italian address (if applicable): _____

Home Tel: _____ Office Telephone: _____ Cellular: _____

Name of spouse: _____ E-Mail _____

Names of other dependents and YOB: _____

Referred by USMRA-SI Member (Last Name, First Name): _____

Annual dues are \$20.00. Rates for 2, 3 & 5 years are discounted. Return this form with a check or money order made out to the USMRA-SI and mail to: USMRA-SI, PSC 808, Box 406, FPO AE 09618.

1 Year = \$20.00 2 Years = \$35.00 3 Years = \$50.00 5 Years = \$75.00

 Signature Date

Do not write below this line

 Date received: _____ Membership Card No: _____

Issued/mailed by: _____

The mission of the USMRA-SI is to: provide emergency casualty assistance to its members; protect the entitlements & benefits of active duty and retired military personnel. Membership will be considered for retired members and survivors of the seven Uniformed Services, i.e., US Army, US Navy, US Air Force, US Marine Corps, US Coast Guard, US Public Health Service (USPHS) and the National Oceanic and Atmospheric Administration (NOAA).