

# BENEFITS OF AMRA MEMBERSHIP

- ★ TRICARE/CHAMPVA Supplemental Insurance
- ★ Liberty Mutual Auto & Homeowner Insurance Discounts
- ★ AMRA Website - [www.amra1973.org](http://www.amra1973.org) - Members Only Features
- ★ Quarterly "AMRA NEWS" Publication
- ★ Weekly Electronic Newsletter "Monday Morning Digest"
- ★ National Scholarship Program
- ★ Legislative Advocacy Program
- ★ Career Center
- ★ North American Van Lines & Allied Van Lines - Moving Discounts, Mortgage & Real Estate Services
- ★ Red Roof Inns Discounts
- ★ AVIS & Budget Car Rental Discounts
- ★ Williams Sound - Discounts on Assisted Listening Devices
- ★ Vision Care Discounts with National Vision (Located in many Walmart Stores)
- ★ VHS/DVD Lending Library

★ TO LEARN MORE

★ ABOUT AMRA, VISIT

WWW.AMRA1973.ORG

OR CALL TOLL FREE AT

★ 800.424.2969



AMRA is a proud member of **NMVA**  
The National Military Veterans Alliance.

## MEMBERSHIP INVITATION

[Online Application Available at [www.amra1973.org](http://www.amra1973.org)]

### TYPE OF MEMBERSHIP

\_\_\_\_\_ Annual ( ) 1 year - \$25.00 ( ) 3 years - \$65.00  
 \_\_\_\_\_ Life membership - fee is based on applicant's age  
 ( ) To age 45 - \$275.00 ( ) 46-59 - \$195.00  
 ( ) 60-69 - \$155.00 ( ) 70 and over - \$95.00

**Eligibility:** Membership must be in **Military Retiree's Name** unless applicant is their surviving spouse.  
 ( ) Retired ( ) Disabled, T & P ( ) Medically Retired ( ) Surviving Spouse \* (widow/widower)

Last name \_\_\_\_\_ First name \_\_\_\_\_ Mi \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Date of birth \_\_\_\_\_ Spouse's name \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Branch of service retired from \_\_\_\_\_ Name of nearest military installation \_\_\_\_\_

**Proof of eligibility must accompany application. Select ONE from the list below (redact or blackout Social Security numbers) and mail to National Headquarters.**

**RETIRED:**  DD214  Retirement Orders or Certificate  Military Retiree ID (front and back)

**DISABLED:**  Disability Rating document indicating Disabled, T & P  Medical Retirement Documents

**SURVIVING SPOUSE:**  DIC documents  Military ID Card (front and back)

I wish to be  Placed in the nearest Chapter  Member -At- Large

How did you initially hear about us? \_\_\_\_\_

**TRICARE/CHAMPVA** supplemental insurance with Association & Society Insurance Corporation (ASI):

\_\_\_\_\_ I/we have a policy with ASI. \_\_\_\_\_ I/we are interested in obtaining information about

the insurance. \_\_\_\_\_ I/we do not wish to participate in the supplemental insurance at this time.

Career service dates: from \_\_\_\_\_ to \_\_\_\_\_ Combat Vet: Yes \_\_\_\_\_ No \_\_\_\_\_

### Optional - for statistical purposes only

Rank at retirement \_\_\_\_\_ Skills/Expertise \_\_\_\_\_

Hobbies and Interests \_\_\_\_\_

### METHOD OF PAYMENT

( ) Check# \_\_\_\_\_ ( ) Money order

( ) Mastercard ( ) Visa \_\_\_\_\_ Expiration date \_\_\_\_\_

Recruited By \_\_\_\_\_ Member# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that I am eligible for membership in AMRA and have provided proof of eligibility with this application.

**Membership is effective on the date application is approved and processed at AMRA**

\*Surviving spouse should apply for membership in his/her own name, not in the deceased spouse's name.

From time to time AMRA shares its mailing list with vendors who offer products or services of value to retirees.  I do not wish to receive vendor offers.

[Rev. 09/11]

### AMRA OFFICE USE ONLY

New  Renewal

Member # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Chapter # \_\_\_\_\_