



The Old Guard Association Membership Application



Please enroll me as a member of The Old Guard Association in the following classification:(Check One)

ANNUAL MEMBER
\$2500./ Year

ACTIVE DUTY E1-E5
\$7.50./ Year

LIFE MEMBER (Up to age 64)
\$200.00
(can be paid in five(5) monthly
payments of \$40.00 Each)

LIFE MEMBER (Age 65+)
\$125.00
(can be paid in five(5) monthly
payments of \$25.00 Each)

**SPECIAL LIFE MEMBERSHIP OFFER TO ACTIVE DUTY ENLISTED
AND OFFICERS WHILE THEY ARE IN THE REIGIMENT ONLY.
\$50.00 ENLISTED \$100.00 OFFICERS**

ANNUAL ASSOCIATE MEMBER
\$20.00/ Year

LIFE ASSOCIATE MEMBER
Same age-based schedule as above
Up to Age 64: \$200.00 65+:\$125.00

**NOTE: ASSOCIATE memberships available ONLY to
Persons who have NOT SERVED at any time
with The Regiment**

FAILURE TO MAKE REQUIRED CONSECUTIVE MONTHLY PAYMENTS ON LIFE DUES WILL RESULT IN ALL MONIES YOU HAVE PAID BEING CONVERTED TO ANNUAL MEMBERSHIP

BY DEFAULT, YOU WILL RECEIVE YOUR PERSONAL COPY OF PRIDE, OUR NEWSLETTER, BY USING TOGA'S WEBSITE, www.oldguard.org CLICK ON "MEMBERS" AND
DOWNLOAD THE ISSUE YOU WANT FROM THE DATA BASE. PAPER COPIES ARE PROVIDED ONLY BY EXCEPTION. IF YOU ARE A MEMBER AND YOU WANT A PAPER COPY
MAILED TO YOU, WRITE TO : EDITOR, PRIDE, 235 BROOKSHIRE DRIVE, TEMPLE, GA 30179.

NAME (Last, First, MI) _____ Home Phone (____) _____

ADDRESS _____ CITY _____ STATE _____ ZIPCODE +4 _____

E-MAIL ADDRESS _____ WORK PHONE(____) _____ DATE OF BIRTH ____/____/____

*OLD GUARD DUTY RANK _____ *OLD GUARD COMPANY _____ *OLD GUARD SERVICE DATES From _____ TO _____

*What Battalion of TOG did you serve with? _____ * What Bge? _____ *What Div? _____ *Military Retired Rank _____

I understand that the criteria for membership in The Old Guard Association is:

**Present OR former service with 3d U.S. Infantry Regiment, All Battalions*

OR

For Associate Memberships please indicate below type of support you rendered to The Old Guard or The Old Guard Association

Your Signature Required _____ Today's Date _____ Sponsor _____

If you want to Charge your dues to a credit card, complete the following information,

OR, go to www.oldguard.org and complete the application online...save time and money, become a member in minutes!

Credit Card # _____ MasterCard Visa Amex Discover Expiration Date (____/____)

Exact name on card _____ If the billing address is different than above address:

Name _____ Addr _____ City/State _____ Zip _____

Your Signature _____ Date of Application _____ Sponsor _____

Please make Check payable to: Treasurer, The Old Guard Association Mail to P. O. Box 1785 Fort Myer, VA 22211

**The Old Guard Association
P O Box 1785
Fort Myer, VA 22211-1785**

Address Service Requested

