

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

Address Service Requested

The Old Guard Association

Membership Application

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

<input type="checkbox"/> ANNUAL MEMBER \$25. / Yr. Single Payment	<input type="checkbox"/> LIFE MEMBER (Up to age 54) \$200. Single Payment OR 5 Monthly \$40 Payments	<input type="checkbox"/> LIFE MEMBER (Age 55+) \$125.00 Single Payment OR 5 Monthly \$25 Payments
<input type="checkbox"/> TOG Active Duty E1-E5 \$7.50/ Yr.	<input type="checkbox"/> TOG Active Duty E6-E9 \$20./Yr.	<input type="checkbox"/> TOG Active Duty Officers \$25./Yr.
<input type="checkbox"/> TOG Active Duty Enlisted Life Member \$50.		<input type="checkbox"/> TOG Active Duty Officers Life Member \$100
<input type="checkbox"/> ANNUAL ASSOCIATE MEMBER \$20./Yr.	<input type="checkbox"/> LIFE ASSOCIATE MEMBER Up to Age 54: \$200.00 Age 55+: \$125.00	NOTE: Associate membership available ONLY to persons who have NOT SERVED at any time with The Regiment.

ALL ASSOCIATE MEMBERSHIPS ARE SUBJECT TO APPROVAL OF THE BOARD OF DIRECTORS, PER TOGA BY-LAWS

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

Name (Last, First, M.I.) _____ Home Phone(_____) _____

Address _____ City _____ State _____ Zip Code + 4 _____

E-Mail Address _____ Work Phone (_____) _____ Date of Birth ____/____/____

Our quarterly newsletter **Pride**, is available by using TOGA's website, www.oldguard.org: click on "MEMBERS" and download the issue you want from the database. Paper copies are provided only by exception and we charge a yearly fee of \$5.00 for printed copies. For those that must have a printed copy, please send a check for \$5.00 to TOGA, PO Box 1785, Ft Myer, VA 22211-1785.

*Highest Old Guard Duty Rank _____ *Old Guard Company _____ *Old Guard Service Dates: From _____ To _____

*TOG Battalion you served with? _____ *Which Brigade? _____ *Which Battlegroup? _____ *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 Membership please indicate below type of direct support you render(ed) to The Old Guard or The Old Guard Association

Your Signature Required _____ Today's Date _____ Source _____

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

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

Credit Card # _____ MstrCard Visa Amex Discover

Exact name on card _____ Card Expiration Date ____/____

If the billing address for card is different than above address, provide billing address below:

Billing Address _____ City/State _____ Zip _____

Signature Required for Charge _____ Date of Charge _____

Make check payable to: Treasurer, The Old Guard Association Mail to P. O. Box 1785 Ft. Myer, VA 22211-1785 (Rev 1/14)