



MEMBERSHIP APPLICATION
 Special Forces Association Chapter I-XVIII
 PO Box 118
 Fayetteville, NC 28302

 Last First MI Age

MEMBERSHIP TYPE
 _____Decade Membership
 _____General Membership
 _____Associate Membership
 _____Life Membership

 Mailing Address

 City State Zip (PLUS-FOUR)

 SSN

 E-mail Address

(_____)_____
 Telephone

Awarded- Prefix - "3", Suffix "S", 5G, 18/180 Series MOS on _____ (give skill identifier and/or MOS, and date awarded)

Total years and months of service to Special Forces and/or Special Forces related Units ____ Years ____ Months

SF ASSIGNMENTS

UNIT	INCLUSIVE DATES	UNITS	INCLUSIVE DATES
_____	_____	_____	_____
_____	_____	_____	_____

(use back of page if more space is required)

If retired, rank at Retirement: _____

MEMBERSHIP QUALIFICATIONS

1. Membership may be granted to a person who is or has been a member of the United States Army Special Forces, to include the United States Army Reserve and the United States Army National Guard Special Forces Units, has completed Special Forces Training and has been awarded a Special Forces prefix 3, suffix S, and/or Special Forces Tab and MOS, and if discharged, has received an Honorable Discharge. Special Forces MOSs are those awarded upon completion of Special Forces Training. Membership qualification lineage includes all units officially listed on the First Special Forces lineage certificate are acceptable for membership. Also acceptable, and grandfathered for general membership, are First Special Service Force, OSS, and UNPIK-8240 of Korea. The Ranger units of WWII and the Ranger Company's of Korea are acceptable for Associate membership. Assignment to a MTOE slot or other position calling for a SF MOS or identifier does not necessarily indicate SF qualification. Associate membership requirements for non-SF qualified personnel are described below.

2. DECADE MEMBER: Decade membership may be granted to a person who is or has been a member of the US Army Special Forces, including the US Army Reserve, and the National Guard Special Forces Units for a minimum of ten years, who has been awarded a Prefix "3" or the Suffix "S," 5G, 18/180 series MOS, or SF Tab, and, if discharged, has received an Honorable Discharge. Decade membership may also be granted to members who have a combination of 10 years Special Forces duty and SFA membership. **(Documentation is required and should leave no doubt that the applicant is qualified for Decade member status)**

3. GENERAL MEMBER: Membership may be granted to a person who is or has been a member of the US Army Special Forces, including the US Army Reserve and the National Guard, who has been awarded a Prefix "3" or the Suffix "S," 5G, 18/180 series MOS, or SF Tab and, if discharged, received an Honorable Discharge. There is no time requirement for general membership. **(Documentation is required and should leave no doubt that the applicant is qualified for General Member status.)**

4. ASSOCIATE MEMBER: Associate membership may be granted to a service member not qualified as above, but who has contributed significantly to the support of Special Forces, or its lineage, in the accomplishment of its mission. Applications for Associate membership are subject to the approval of the Membership Committee. **Proof of assignment and significant contribution to Special Forces must accompany the application.** A minimum of two letters of recommendation from SF/SFA members with first-hand knowledge of the applicant's significant contribution are required.

SSN is requested in the event additional information is required as authorized below. Incomplete applications or applications submitted without supporting documentation will be returned as incomplete.

AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS

I hereby authorize and consent to the release of information and records bearing on my military service to the Special Forces Association. The information will be used for the purpose of determining my qualifications for membership. I further certify that the execution of this form is voluntary and shall be valid for one year after my signing.

Signature _____

Date: _____

Witness _____

Date: _____

I understand that Special Forces Association membership entitles me to all the rights and privileges specified in the provisions of the Special Forces Association Constitution. **Enclosed is a check or money order for \$40.00, payable to the SFA for the initiation fee (\$10.00) and first year dues (\$30.00).** To maintain my membership, I will pay the annual dues of \$30.00 no later than 30 January each year. If paid after 30 January, I must pay an additional \$5.00 reinstatement fee (total of \$35.00). Lifetime membership is available to members in good standing at a cost of \$400.00 (\$435.00 if dues are not current.). **All qualified new members must pay a total of \$440.00 for a new Lifetime membership.**