



UNITED STATES ARMY

OFFICER CANDIDATE SCHOOL

ALUMNI ASSOCIATION

OFFICIAL MEMBERSHIP APPLICATION

MAIL TO:
 US ARMY OCS ALUMNI ASSOCIATION
 PO BOX 430 MIDLAND, GA 31820-9998

APPLICANT INFORMATION		
Full Name:		
Branch:	OCS Class Number:	INTERNAL USE ONLY
Rank/Title:		
OCS Location:	Graduation Date:	
	Duty Status:	
Current Address:		
City:	State/Province:	ZIP Code:
Country:	Phone (Home & Cell):	Email (Personal Preferred):
Signature of Applicant		Date

Select Membership Choice Below

- Annual Membership | \$55
- Lifetime Membership 60 years of age or older | \$300
- Lifetime Membership 50-59 years of age | \$400
- Lifetime Membership 40-49 years of age | \$450
- Lifetime Membership under 40 years of age | \$500

METHOD OF PAYMENT			
Full Name on Credit Card:			
VISA MC AMEX DISCOVER	Card No.:	Expiration:	CCV: (Security Code)

I authorize OCSAA to charge the credit card indicated on this form, for the noted amount on today's date. I certify that I am an authorized user of this credit card.

MAKE CHECK PAYABLE TO: US ARMY OCS ALUMNI ASSOCIATION CHECK # _____