



Print and mail this completed form with payment to:

Naval Enlisted Reserve Association  
6703 Farragut Ave.  
Falls Church, VA 22043

**NERA PRINT AND MAIL MEMBERSHIP & RENEWAL FORM**

Rank/Rate                      First name                      MI                      Last name                      Suffix

Home Address

City                      State                      ZIP

Home Phone                      E-mail

Cell Phone                      Date of Birth (MM/DD/YYYY)

Gender                      Designator                      Date of Retirement (MM/DD/YYYY) if applicable

Sponsor

Membership Fee:     \$30 for 1 year                       \$57 for 2 years                       \$84 for 3 years  
                                  \$300 Life                       \$100 Payment Plan                       \$550 Benefactor

Branch of Service:     Navy                       Marine                       Coast Guard  
                                  Civilian                       Other Branch \_\_\_\_\_

Duty Status:                       Active Duty                       Inactive Duty                       Retired

Tax deductible contribution   

Payment Type:                       Check                       Credit Card  
                                 :                       VISA                       MasterCard

Card Number:                      -                      -                      -

Expiration Date:                      /                      Signature: \_\_\_\_\_

**If you have any questions, please call us at 1-800 776-9020**