

Mail this form to the address below:

Joint Special Operations Association  
ATTN: MEMBERSHIP  
PO Box 72758  
Fort Bragg, NC 28307



Or email completed form to:  
membership@theJSOA.org

POC: H.E. Mason

## JOINT SPECIAL OPERATIONS ASSOCIATION MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Current Date:

Name:

Current address:

City:

State:

ZIP Code:

Telephone:

Home Email:

Directorate/Unit:

Date(s) Served in JSOC:

Rank/Grade:

Are you a Combat Veteran?: Yes  No

Campaigns:

### REFERENCE

#### CURRENT/FORMER UNIT MEMBER OR JSOA MEMBER WHO CAN VOUCH FOR YOU

**NAME:**

### GUIDELINES

1. *Membership will be open to all eligible personnel regardless of race, color, creed, religion, age, sex, disability, or national origin.*
2. *Priority of membership will go to Combat/War Veterans.*
3. *Membership in the JSOA shall be voluntary and is open to:*
  - *All service members, civilians and contractors currently assigned to JSOC/associated units.*
  - *All former members of JSOC/associated units who served two years and left the unit in good standing.*
  - *Augmentees will be considered on a case-by-case basis – please provide a description of your service.*

### PAYMENT OPTIONS

Cash:  Check:  Debit or Credit Card:  (Mastercard/Visa/Amex/Discover)

Name on Card:

Amount to be Charged: \$120.00 (Lifetime)

Card Number:

Expiration Date:

Security Code:

Zip Code Associated with Card:

Signature:

**Information provided on this form will be used only for intended purpose and will not be disseminated. We respect and are committed to protecting your privacy. We do not sell or pass along your personal information to anyone. Your credit card information is not retained.**