

# RAO MEMBERSHIP FORM

(Print All Information)

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SSN \_\_\_\_\_  

LAST
FIRST
MIDDLE
NICK NAME

**STATUS (SELECT ONE)**

- |   |   |
|---|---|
| <input type="checkbox"/> Retired Military           | <input type="checkbox"/> Widow or Dependent of Military Retiree |
| <input type="checkbox"/> 100% Disabled U.S. Veteran | <input type="checkbox"/> Civilian                               |

**BRANCH OF SERVICE (SELECT ONE)**

- |  |   |
|--|---|
| <input type="checkbox"/> Navy (USN)          | <input type="checkbox"/> Coast Guard (USCG) |
| <input type="checkbox"/> Marine Corps (USMC) | <input type="checkbox"/> Airforce (USAF)    |
| <input type="checkbox"/> Army (USA)          |   |

**MILITARY RATE/RANK UPON RELEASE FROM ACTIVE DUTY (EX: YN1, BM2, SFC, MSGT)** \_\_\_\_\_

**PAYGRADE:** \_\_\_\_\_

**CIVIL SERVICE:**  YES  NO

**US VETERAN:**  YES  NO

**YOUR CITIZENSHIP:** \_\_\_\_\_

**BLOOD TYPE:** \_\_\_\_\_

**NAME OF SPOUSE:** \_\_\_\_\_

**ADDRESS (IF DIFFERENT FROM LOCAL ADDRESS BELOW):**

**DEPENDENT LIVING WITH YOU OTHER THAN YOUR SPOUSE:**

NAME	RELATION SHIP	CITIZENSHIP

**LOCAL ADDRESS:**

**TELEPHONE:**

Landline: \_\_\_\_\_

Cell phone: \_\_\_\_\_

**PERSON TO CONTACT IN CASE OF EMERGENCY:** \_\_\_\_\_

**RELATIONSHIP TO YOU:** \_\_\_\_\_

**CONTACT INFORMATION:**

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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## PRIVACY STATEMENT

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (PL 93-579). This requires that agencies must inform individuals who are requested to furnish information about themselves.

Your information will only be used routinely and confidentially by this office in order for us to be of service to you. Disclosure of your information may be given to US Embassy officials, Veterans Administration, DFAS Cleveland and other US government agencies as may have need to know by law.

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**SIGNATURE OF APPLICANT**

A regular member of RAO is a military retiree evidenced by presenting a military retired ID card or the widow of a military retiree with dependent ID.

An associate member of the RAO is one who is an American citizen evidenced by presenting a US passport, but is not military retired.

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*To be completed by RAO Staff:*

**I have personally reviewed this applicant's credentials and have determined this person to be placed on the rolls of the RAO as an active:**

Regular Member                       Associate Member

**Certification of RAO Staff:**

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**Signature**