



# ARMY SNIPER ASSOCIATION



**Make check or money order out to:**  
Army Sniper Association, Inc

**Army Sniper Association**  
Application for Membership

**Mail to:**  
Army Sniper Association  
Cunningham Conference Center  
Attn: Bob Jordan, Treasurer  
3100 Gentian Blvd., Suite 107-F  
Columbus, GA 31904

**Name:** \_\_\_\_\_  
(Last) (First) (MI)

**Service:** (Country/Branch) \_\_\_\_\_ **Status:** Active Retired Discharged

**Rank:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Type of Membership Applying For:**

**Sniper Lifetime:** \$100.00 **Shirt Size:** \_\_\_\_\_

**Non Sniper Lifetime:** \$150.00 **Shirt Size:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sniper School Graduation Date, Class Number, Course Location (Attach orders, certificate, etc.)**

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**Sniper experience: (i.e. Competition(s), duty positions, sniper combat experience, dates, etc)**

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**Current Duty Position/Assignment:** \_\_\_\_\_

**Administrative Data**

**Processed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Member Number:** \_\_\_\_\_