



AMSCA
Army Medical Specialist Corps Association
PO Box 34496
San Antonio, TX 78265-4496

MEMBERSHIP APPLICATION

Name: _____ Maiden Name: _____
Last First MI

(Circle MOS): OT (65A)/PT (65B)/DT (65C)/PA (65D) Spouse: _____

Rank at Retirement/Separation: _____ Date of Retirement/Separation: _____

Address: Street: _____

City/State/9-digit Zip: _____

Telephone Number: Area Code: _____ Number: _____

E-mail Address: _____

Relative or Friend Who Will Know Your Address:

Name: _____ Relationship: _____

Address: _____

Date First Entered Service: _____ Dates of Service: _____

Graduation date from military DT/OT/PA/PT program (if applicable): _____

Circle all that are applicable: Korea Vietnam ODS OIF/OEF Other: _____

Check and Complete Applicable Statement Below:

_____ Retired from active duty with _____ years regular/reserve service

_____ Retired from reserve/NG after _____ years service

_____ Separated (did not retire) after _____ years service

_____ Still on active duty/in reserves/in NG Rank: _____

I would like my name, address, telephone number and e-mail address to appear on the RAMSCA Membership Roster: Yes _____ No _____

Signature: _____ Date: _____

Mail completed application and check for \$20 for 1 year or \$60 for 3 years) made payable to RAMSCA to:

Janice Rambo, RAMSCA Treasurer **OR** Join by going to: ramsca.org

1814 Sherrick Ct.

Jefferson City, MO 65109

RAMSCA Form #1