



**RAMSCA**  
Retired 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 \$15 (1 year or \$45 for 3 years) made payable to RAMSCA to:**

Janice Rambo, RAMSCA Treasurer  
1814 Sherrick Ct.  
Jefferson City, MO 65109