

## ADA Association Lifetime Membership Form

*Please Print Legibly*

Last Name:

First Name:

Phone number:

Rank (Not Pay Grade):

Unit:

Station:

E-mail:

Home Address:

City: State: Zip:

**Lifetime Membership \$50.00**

Please make all checks or money orders payable to the ADA Association.

Mail to:

Air Defense Artillery Association  
P.O. Box 33727  
Fort Sill, OK 73503

### For Association Use Only

Total Amount:

Date Joined:

Member Number:

