



APPLICATION FOR MEMBERSHIP
IN THE
United States Marshals Service Association

DATE: _____
(Month/Day/Year)

NAME: _____ DOB: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

SPOUSE/OTHER: _____

PHONE: () _____ BUS./CELL PHONE: () _____

DISTRICT/DIVISION RETIRED FROM or CURRENT DISTRICT/DIVISION: _____

DATE ENTERED THE USMS: _____ DATE RETIRED/LEFT THE USMS: _____

E-MAIL ADDRESS: _____ LIST NAME IN DIRECTORY? YES ___ NO ___
Please Check YES Or You Will Not Be Listed In Directory

I attest to the fact that I am a former employee of the U. S. Marshals Service with at least five years of service, or a current employee* of the U.S. Marshals Service and that I am a citizen of the United States, of good moral character, have not been convicted of a felony, and I make application for membership in the Association. As such I agree to abide by the rules and regulations of the Association.

Signed: _____

Please list USMS districts and positions worked during your tenure with the Service: _____

Please list special skills you possess or have utilized in the past, i.e., foreign language (fluent, passable, read, write), computers, electronics etc.: _____

Current occupation: _____

Special interest and hobbies: _____

Comments and suggestions to benefit the Association: _____

Membership fees: New member (45.00 +10.00 processing) — \$ 55.00
Renewal — \$ 45.00

Life membership: 30-under — \$ 425.00 31-40 — \$ 410.00 Please ensure DOB line above is filled out
41-50 — \$ 390.00 51-60 — \$ 350.00
61-70 — \$ 290.00 71-80 — \$ 225.00
81-Over — \$170.00

Mail completed application and check to: United States Marshals Service Association
2654 W. Horizon Ridge Pkwy. B-5, PMB 110
Henderson. NV 89052

FOR ASSOCIATION USE

Membership classification: () Active () Associate* () Lifetime
Membership Committee Approval: _____ DATE: _____
Executive Committee Member Approval: _____ DATE: _____

* All members who are still employed by the USMS are full members of the Association.