



**Mail To:**

Tom Dykstra  
 8822 E. Copper Dr.  
 Sun Lakes, AZ 85248

**SPECIAL FORCES ASSOCIATION**  
 Fayetteville, North Carolina 28309-1436

**MEMBERSHIP APPLICATION**

**MEMBERSHIP TYPE**

General Membership  Decade Membership  Associate Membership

Name: (Last First MI) \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Mailing Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City State ZIP \_\_\_\_\_

Awarded \_\_\_\_\_ Prefix \_\_\_\_\_ "3" \_\_\_\_\_ Suffix "S," SG, 18/180 on \_\_\_\_\_  
 Total years and months of service to Special Forces and/or related units \_\_\_\_\_ Years \_\_\_\_\_ Months

**SPECIAL FORCES ASSIGNMENTS**

UNITS	INCLUSIVE DATES	UNITS	INCLUSIVE DATES

**MEMBERSHIP QUALIFICATIONS**

- All units officially listed on the 1st SF lineage certificate are acceptable for membership. Also acceptable are OSS service, Ranger units, Partisan Forces K, 110th Recon, and school assignments requiring a PSS from any SF unit (Must be in conjunction with SF Duty.)
- DECADE MEMBER:** Decade membership may be granted to a person who is or has been a member of the USASF, including the USA Reserve and National Guard, for a minimum of ten years, who has been awarded a Prefix "3" or the Suffix "S", SG, 18/180 series, and, if discharged, received an Honorable Discharge. Decade membership may also be granted to members who have a combination of 10 years SF duty and Association membership. **(Documents required.)**
- GENERAL MEMBER:** Membership may be granted to a person who is or has been a member of the USASF, including the USA Reserve and National Guard, who has been awarded a Prefix "3" or the Suffix "S," SG, 18/180 series and, if discharged, received an Honorable Discharge. **(Documents required.)**
- ASSOCIATE MEMBER:** Associate membership may be granted to any person not qualified as above, but who has contributed significantly to the support of SF, or its lineage, in the accomplishment of its mission. Applications for Associate membership are subject to the approval of the Membership Committee. Proof of contribution to SF must accompany the application.

**AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS**

I hereby authorize and consent to the release of information and records bearing on my military service to the Special Forces Association. The information will be used for the purpose of determining my qualifications for membership. I further certify that the execution of this form is voluntary and shall be valid for one year after my signing.

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

Witness \_\_\_\_\_ Date: \_\_\_\_\_

I understand that SFA membership entitles me to the rights and privileges specified in the provisions of the SFA constitution. Enclosed is a check or money order for \$30, payable to the SFA for the initiation fee and first year dues. To maintain my membership, I will pay the annual dues of \$25.00 no later than January 31 each year. Lifetime membership is available to members in good standing at a cost of \$300.00, \$330.00 if not in good standing.