

**AMSCA**  
Army Medical Specialist Corps Association  
1632 County Road 2360  
Bagwell, TX 75412-3214

**MEMBERSHIP APPLICATION (To apply online, visit [amsca.me](https://amsca.me))**

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Last First MI

Circle MOS: OT (65A) PT (65B) DT (65C) PA (65D) Spouse: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City/State/9-digit Zip: \_\_\_\_\_

Telephone 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): \_\_\_\_\_ Rank: \_\_\_\_\_

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

If Applicable: Date of Retirement/Separation: \_\_\_\_\_

**I would like my name, address, telephone number and e-mail address to appear on the AMSCA Membership Roster:** Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

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

or apply and pay online at <https://amsca.me>