



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

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: \_\_\_\_\_

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

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 AMSCA Membership Roster:      Yes\_\_\_\_\_ No\_\_\_\_\_**

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

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

Janice Rambo, AMSCA Treasurer **OR**    **Join and pay online by going to:** [ramsca.org](http://ramsca.org)

1814 Sherrick Ct.

Jefferson City, MO 65109