

# Royal Rangers Alumni National Membership Application

Leader's First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Spouse – First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

Leader's Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse's Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Wedding Anniversary \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Month Day Month Day Year

Church you attend: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church Phone #: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Region: \_\_\_\_\_ District: \_\_\_\_\_ Outpost #: \_\_\_\_\_

Current Royal Rangers Position: \_\_\_\_\_

Retired: Y N (Circle One) Position at Retirement: \_\_\_\_\_

National Membership Fee:     Lifetime \$50.00             Annual \$10.00  
 I would like to have the fee waived as it will be a financial hardship.

Skills that you would be willing share with RRA projects. Check all that apply.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Carpentry         | <input type="checkbox"/> Electrical         | <input type="checkbox"/> Painting             |
| <input type="checkbox"/> Plumbing          | <input type="checkbox"/> Mechanical         | <input type="checkbox"/> HVAC                 |
| <input type="checkbox"/> Masonry           | <input type="checkbox"/> Electronics        | <input type="checkbox"/> Equipment Operator   |
| <input type="checkbox"/> District Camps    | <input type="checkbox"/> National Camporama | <input type="checkbox"/> Concession Stand     |
| <input type="checkbox"/> Cooking           | <input type="checkbox"/> Administration     | <input type="checkbox"/> GMA Review Board     |
| <input type="checkbox"/> Communications    | <input type="checkbox"/> Computers          | <input type="checkbox"/> Sound System         |
| <input type="checkbox"/> Video/Photography | <input type="checkbox"/> General Assistance | <input type="checkbox"/> Emergency Assistance |

Please list any additional interest, skills or hobbies on the back of this form.

Members Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

District RRA Commander: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Send Application with Check for membership fee to:  
 Royal Rangers Alumni  
 8200 Crestline Ct.  
 Oklahoma City, OK 73132