



**SPECIAL OPERATIONS ASSOCIATION  
MEMBERSHIP or STATUS APPLICATION**

TYPE OF MEMBERSHIP or STATUS FOR WHICH APPLYING: (see Membership Criteria)

GENERAL       ASSOCIATE       OPERATIONAL ASSOCIATE

**NOTE:** If you apply for General Membership but the listed qualification does not meet the criteria for General Membership, will you accept Associate or Operational Associate status? Yes \_\_\_ No \_\_\_

|                |            |                       |       |
|----------------|------------|-----------------------|-------|
| LAST NAME      | FIRST NAME | MIDDLE NAME           |       |
|                |            |                       |       |
| STREET ADDRESS | CITY       | STATE                 | ZIP+4 |
|                |            |                       |       |
| PHONE          | EMAIL      | SSN or SERVICE NUMBER |       |
|                |            |                       |       |

**EMERGENCY CONTACT INFORMATION:**

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

**NOTE:** General Membership, Associate status, and Operational Associate status all require qualification. Applications will be reviewed by the membership committee.

**QUALIFICATION(S):** (Attach separate sheet with Job Duties. Be specific.)

| QUALIFYING UNIT | DATES | DUTY & MOS | LOCATION |
|-----------------|-------|------------|----------|
|                 |       |            |          |
|                 |       |            |          |

**NOTE:** All applicants require either a sponsor who is an SOA General Member in good standing, and who has personal and first-hand knowledge of the applicant's qualification(s), or documentation of qualification(s). Sponsorship is the primary and preferred method for all applicants. However, a sponsor is required for all with stated qualification(s) post-1986 (In lieu of sponsorship, documentation confirming qualification(s) may be considered).

**SPONSOR**

|  |            |
|--|------------|
| SPONSOR'S FULL NAME                            | SOA NUMBER |
|  |            |
| SPONSOR'S SIGNATURE (optional but recommended) | DATE       |
|  |            |

SPONSOR'S STATEMENT: I am a General Member of the SOA in good standing. I have read and understand the SOA membership criteria. I hereby state that I have personal and first hand knowledge that the applicant named heron meets the requirements for membership in the SOA and thereby recommend he be accepted as a **(circle one)** GENERAL, ASSOCIATE, or OPERATIONAL ASSOCIATE

**APPLICANT'S OATH**

I affirm that I have read and understand the SOA Membership Criteria and that the information submitted on this membership application form is true, correct, and voluntarily given. I understand that SOA membership or status entitles me to the rights and privileges specified in the SOA By-Laws.

|                       |      |
|-----------------------|------|
| APPLICANT'S SIGNATURE | DATE |
|                       |      |



## SPECIAL OPERATIONS ASSOCIATION MEMBERSHIP or STATUS APPLICATION

### PAYMENT INFORMATION

Check or Money Order Enclosed

Check or Money Order Number: \_\_\_\_\_

Annual \$35

Life \$505

Life \$305 (over 70 only - proof required)

### MEMBERSHIP FEES

Annual dues are \$30.00 USD. Life dues are \$500.00 USD for those under 70 years of age and \$300 for those 70 and older. A \$5.00 USD application fee is required. Accordingly, initial annual membership total funds due with application are \$35.00 USD, and initial life membership total funds due with application are either \$505.00 or \$305.00 USD, as applicable. *Proof of age required for those 70 or over applying for initial Life membership.* **MAKE CHECK OR MONEY ORDER PAYABLE TO THE SPECIAL OPERATIONS ASSOCIATION or SOA. DO NOT SEND CASH. THEREAFTER, ANNUAL DUES ARE \$30.00 USD, PAYABLE ON A CALENDAR YEAR BASIS.**

**INITIAL APPLICATION FUNDS ARE NON-REFUNDABLE!**

**MAIL COMPLETED APPLICATION, ANY SUPPORTING DOCUMENTATION,  
AND FULL INITIAL PAYMENT TO:**

**Felix Peterson**  
112 NE Dunlop St.  
Lawton, OK 73507-1441

**MAKE CHECKS AND MONEY ORDERS PAYABLE TO THE SPECIAL  
OPERATIONS ASSOCIATION or SOA**

### INSTRUCTIONS:

1. Read Membership Criteria before applying. All applicants must meet all requirements.
2. Complete all information requested.
3. Please list your full zip code (Zip+4).
4. Attach additional sheets as required. You must define your Job Description in enough detail for the Membership Committee to understand your qualifications.
5. A sponsor is strongly preferred but is not mandatory. It facilitates processing of applications. If no sponsor, sufficient supporting documentation of qualification must be enclosed with application.
6. **Sponsorship is mandatory for any applicant for whom sufficient supporting documentation is not available** (e.g., present day or recent operations).
7. Full initial payment is required with application.
8. The SOA assumes no responsibility for finding documentation or sponsorship for any applicant. Those responsibilities fall solely to the applicant.
9. Provide proof of age if 70 or over and applying for initial Life membership.
10. DO NOT SEND CASH. **INITIAL APPLICATION FUNDS ARE NON-REFUNDABLE.**