

Royal Rangers Alumni

National Membership Application

Member'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 / Year Month / Day / Year Month / Day / Year

Church you attend: _____

Street Address: _____ City: _____ St: _____ Zip: _____

Church Phone #: _____ Pastor's Name: _____

Region: _____ District: _____ Outpost #: _____

Current Royal Rangers Position: _____

Retired from Royal Rangers? Yes No Position at Retirement: _____

National Membership Fee: Lifetime \$75.00

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

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

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

Member's Signature: _____ Date: ____/____/____
Month / Day / Year

Pastor's Approval Signature: _____ Date: ____/____/____
Month / Day / Year

District RRA Coordinator: _____ Date: ____/____/____
Month / Day / Year

Send Application with Check for membership fee to:
National Royal Rangers Alumni
3435 Peak Road
Granbury, Texas 76048