**Army Retirement Residence Foundation – Potomac**

9140 Belvoir Woods Parkway, Fort Belvoir, VA 22060

**Email:** contactus@arrfp.org **Phone:** (703) 781-2460 **Web:** [www.arrfp.org](http://www.arrfp.org)

**LIFETIME MEMBERSHIP APPLICATION**

I/We hereby apply for membership to the Army Retirement Residence Foundation – Potomac

**PRIORITY NUMBER**

(ARRF-P), and understand that the assigned membership priority number will govern relative

standing when applying for residency at The Fairfax.

**OFFICER/SPONSOR/PRIMARY APPLICANT INFORMATION:**

***Sponsor served as an officer (or comparable government service grade) and is drawing retirement pay as a commissioned or warrant officer (or comparable government grade).***

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RANK/GOVT. GRADE LAST NAME FIRST NAME M.I.

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SSN DATE OF BIRTH DATE OF DEATH

ACTIVE RETIRED SINGLE MARRIED DIVORCED WIDOWED

**BRANCH OF SERVICE:**

USA USN USAF USMC USCG US FOREIGN SERVICE

FEDERAL GOVT. GOVT BRANCH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***ALL PERSONS: PLEASE PROVIDE A COPY OF RECORD OF TOTAL SERVICE – DD 214 OR EQUIVALENT.***

**SPOUSE/SECONDARY APPLICANT INFORMATION:**

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LAST NAME FIRST NAME M.I.

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SSN DATE OF BIRTH DATE OF DEATH

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STREET ADDRESS APT. #

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CITY STATE ZIP

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CELL PHONE - SPOUSE EMAIL - SPOUSE

**POINT OF CONTACT (1):**

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LAST NAME FIRST NAME RELATIONSHIP

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STREET ADDRESS APT. #

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CITY STATE ZIP

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CELL PHONE HOME PHONE EMAIL

**POINT OF CONTACT (2):**

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LAST NAME FIRST NAME RELATIONSHIP

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STREET ADDRESS APT. #

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CITY STATE ZIP

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CELL PHONE HOME PHONE EMAIL

According to the bylaws of the ARRF-P, revised October 2018, eligibility for residence is stated below. Individuals who are qualified become Eligible Members of the Foundation by payment of the “Membership Fee”; a one-time charitable, tax-deductible contribution of $1,000 (or $1,500 for a married couple) to the Foundation that shall be permanently retained by the Foundation for its purposes. Please make checks payable to **ARRF-P**.

**ARTICLE IV. ELIGIBILITY AND PRIORITY FOR RESIDENCE**

 **Section 1.** Eligibility. A person who meets any of the following criteria shall be an Eligible Member and may apply for residence in the Community:

 (a) an officer of any component (e.g., Regular, Reserve, or National Guard) of the U.S. Uniformed Services entitled to a retirement payment as a commissioned or warrant officer [hereinafter referred to as an "Officer"]; or

 (b) an un-remarried surviving spouse of an Eligible Member who was lawfully married to such Eligible Member at the time of such member's death; or

 (c) a career Federal employee with a grade equivalent to officer levels of the U.S. Uniformed Services , and entitled to receive a retirement payment; or

 (d) a parent or parents of a retired or active duty officer of the U.S. Uniformed Services; or

 (e) a person who has had a significant special relationship with the community of Officers or Officers' spouses and who is declared by the Board of Directors on a case-by-case basis to be eligible for residence in the Community as an exception to the eligibility criteria listed in clauses (a) through (d) immediately above; or

 (f) the divorced spouse of an Eligible Member, if such Eligible Member is not a member of the Community at the time of divorce may be an Eligible Member if qualified under clause (e) above; or

 (g) the divorced spouse of an Eligible Member, if such spouse is a member of the Community at the time of divorce.

 **Section 2.** Exceptions. A person other than somebody meeting the criteria above may occupy an Independent Living Unit in the Community with an Eligible Member on a temporary basis when approved by the Board of Directors. The term and duration of such occupancy, including a determination of whether such a person is eligible for residence in the Community on a permanent basis, will be decided by the Board of Directors on a case-by-case basis.

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**OFFICER/SPONSOR/PRIMARY DATE SPOUSE/SECONDARY DATE APPLICANT SIGNATURE APPLICANT SIGNATURE**

**For further information, please call (703) 781-2460, or email us at** **contactus@arrfp.org****.**

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**FOR OFFICE USE ONLY**

**APPLICATION RECEIVED CHECK RECEIVED DD 214 (or equivalent) RECEIVED**

 **AMOUNT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHECK #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTES:**