# GENERAL PURPOSE MEMBERSHIP FORM

*Place "X" in appropriate box* [ ] **New** [ ] **Rejoin**  [ ] **Renew**  [ ] **Data Change** [ ] **Chapter Affiliation**

**PURPOSE: To maintain organizational records. Used by National, Region, and Chapter Officers, Office Staff and Members (when approved) to generate mailing lists, Chapter and Region rosters, etc. Failure to furnish information may result in members not receiving the NEWSLINER, ballots, letters, membership longevity and other correspondence of importance to the membership.**

## MEMBERSHIP DATABASE INFORMATION

|  |  |
| --- | --- |
| **Last 5 digits of SSN or Member #** [ | ]  **Rank** [ ] **Specialty Branch & Code** [\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_] |
| **First Name** [ \_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_ | ]  **MI** [ ]  **Last** [ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ]  **Suf.** [ ] |
| **Address** [ | ] **Date Birth** *(MM/DD/YYYY)* [ \_\_\_\_ ] |

**City** [ ] **State** [ ] **ZIP+4** [ ] **Joined Service** *(MM/DD/YYYY)* [ \_\_ \_\_\_\_ ]

**Home Tel** [ \_\_\_ \_\_\_ \_\_\_\_\_\_\_ ] Cell **Tel** [ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_ ]

**Spouse** *(First Name)* [ \_\_\_\_ ] **Referred by:**  [ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

**E-Mail Addresses**  [(1) \_\_\_\_\_\_ (2) \_\_\_\_ ]

**RELEASE OF INFORMATION** *(Place "X" in appropriate box)*: **[ ] DO [ ] DO NOT** want the above information released if requested by other USAWOA Members

**[\_\_] OPT OUT of AUSA Free Membership Benefit**

**CURRENT STATUS** *(Place "X" in appropriate box)*

[ ] Active Army - [ ] ARNG\* - [ ] USAR\* - [ ] Retired - [ ] Former Warrant Officer - [ ] Associate *(all others)*

*(\*AGR please check ARNG or USAR)* [ ] Male [ ] Female

**CERTIFICATIONS** *(Place "X" in appropriate box)*

**I [ ] HOLD / [ ] HAVE HELD** a Warrant issued to me by the Secretary of the Army *(If NO check Associate above)* **I [ ] AM / [ ] AM NOT** entitled to wear the National Defense Medal

**TERM OF MEMBERSHIP** *(Check only one dues category please)* ***The NEWSLINER will be delivered electronically. If you wish a paper copy there will be an additional $36 per year, unless you have 25+ years of membership or are a Life Member.)*  [ ] INITIAL 18 Months MEMBERSHIP FOR WO1s ONLY at NO COST. Check here for hard copy Newsliner [\_\_] at $36 for new WO1 membership.**

## \*WOCS GRADS PLEASE SHOW NEXT DUTY ASSIGNMENT UPON GRADUATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEMBERS DUES with Electronic delivery of NEWSLINER MEMBERS DUES with PRINTED NEWSLINER MAILED**

**Regular/Assoc.** [ ] 1 Yr $45 [ ] 3 Yrs $126 [ ] 5 Yrs $200 **Regular/Assoc**. [ ] 1 Yr $81 [ ] 3 Yrs $234 [ ] 5 Yrs $380

**RETIRED RATE** [ ] 1 Yr $30 [ ] 3 Yrs $84 [ ] 5 Yrs $130 **RETIRED RATE** [\_\_] 1 Yr $66 [\_\_] 3 Yrs $192 [ ] 5 Yrs $310

[ ] Life Membership Payment in full $ [ \_\_ ] OR [ ] 10 monthly payments of $ [ \_\_ ]

For USAWOA Life Member rates and Discounted Dual Memberships in AAAA & USAWOA, visit the Portal via link at www.usawoa.org

[ ] Check or Money Order for membership dues is enclosed. (**Make Payable to “USAWOA”)**

[ ]Charge my: [ ] VISA, [ ] MC, [ ] Discover, [ ] AMEX - Credit Card# [ \_\_\_\_\_\_\_\_\_\_\_ ] ***(No DEBIT cards, please.)*** **CVV Code***:* [ \_ ] **Expires (MM/YY)** [ \_\_ [ \_\_ ]

**CHAPTER AFFILIATION** *(Check one)*

[ ] Please affiliate me with a Chapter near my home.

[ ] Affiliate me with the [ ] Chapter

[ ] Please **DO NOT** affiliate me with a specific Chapter

***Applicant's Signature and Date*** [ ]