



ARMY AVIATION
Association of America

JOINT LIFE MEMBERSHIP FORM
United States Army Warrant Officers Association

462 Herndon Parkway Suite #207, Herndon, VA 20170-5235
1-800-587-2962, 703-742-7727, Fax 703-742-7728
Web: usawoa.org Email: hq@usawoa.org



Army Aviation Association of America (AAAA)
593 Main St, Monroe, CT 06468-2806 www.quad-a.org

USAWOA/AAAA Joint Life Membership Form

AAAA Place "X" in appropriate box New Rejoin Renew
USAWOA Place "X" in appropriate box New Rejoin Renew

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.

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) [_____] Highest USAWOA Office held [_____]

E-Mail Addresses [(1) _____ (2) _____]

Provide correct email addresses. (If both military and civilian are used, place preferred one first)

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 several National Defense Medals

Check the appropriate rate based on your age group:

_____ \$1,215 Age 30 & Under	_____ \$975 Age 41-45	_____ \$535 Age 60-64
_____ \$1,170 Age 31-35	_____ \$875 Age 46-50	_____ \$395 Age 65-69
_____ \$1,070 Age 36-40	_____ \$780 Age 51-54	_____ \$320 Age 70-74
	_____ \$695 Age 55-59	_____ \$250 Age 75 & Over

Select your payment option below:

_____ Payment in full.

_____ Pay this amount in 10 equal monthly installments.

I wish to make _____ payments in equal monthly installments (not to exceed 10).

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.) 3 Digit Sec. 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 [_____]

-- USAWOA/AAAA Joint Life Membership Form 300-1-6 April 2022 (All previous editions are obsolete)

THIS FORM TO BE USED FOR LIFE MEMBERSHIP IN BOTH USAWOA AND AAAA.