



# United States Army Warrant Officers Association

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*The Quiet Professionals®*

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## LIFE MEMBERSHIP FORM

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.

### 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 [ \_\_\_\_\_ ] Work Tel [ \_\_\_\_\_ ] Cell Tel [ \_\_\_\_\_ ]

Spouse (First Name) [ \_\_\_\_\_ ] Highest USAWOA Office held [ \_\_\_\_\_ ]

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

Check the appropriate rate based on your age group:

\_\_\_\_\_ \$1,000 Age 30 & Under

\_\_\_\_\_ \$765 Age 41-45

\_\_\_\_\_ \$485 Age 56-60

\_\_\_\_\_ \$960 Age 31-35

\_\_\_\_\_ \$665 Age 46-50

\_\_\_\_\_ \$400 Age 61-65

\_\_\_\_\_ \$860 Age 36-40

\_\_\_\_\_ \$570 Age 51-55

\_\_\_\_\_ \$325 Age 66 & 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. (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  
(MUST BE IN THE SAME REGION AS YOUR HOME ADDRESS)

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

Applicant's Signature and Date [ \_\_\_\_\_ ]