

Women Marines Association National Membership Application

APPLICANT INFORMATION								
Full Name:								
Mailing Address:	Street				Apt/Unit	:#		
	City		State			Postal Code		
Date of Birth:			(mm/c	ld/yyyy)	Primary Phon	e:		(xxx)xxx-xxxx
Email:								
NEXT OF KIN CONTACT INFORMATION								
NOK Name:								
Mailing Address	Street				Apt/Unit	#:		
	City		State			Postal Code		
Primary Phone:			(xxx)	XXX-XXXX	Relations	hip:		
MILITARY INFORMATION								
Service Start Date:		nm/dd/yyyy)	Serv	ice End Date:			(mm/dd/yyyy)	
Service Name(s):								
Plt./ Series/OCS:					MOS:			
Check box if you are a FMF Navy Service Member Attention: Verification of honorable Marine Corps or Navy FMF service must be provided. include a DD 214, Honorable Discharge Certificate or Summary; and for those currently seletter on command stationary or copy of TBIR screen. Please redact any SSNs. Do not sen ORIGINAL documents.							ose currently serving a	
'NOUNCEMENTS PREFERENCES								
The quarterly newsletter from WMA called ' <i>Nouncements</i> is automatically sent to members in an electronic format. If you would prefer to also receive a hard copy of the ' <i>Nouncements</i> , please check the box.								
MEMBERSHIP SELECTION								
Term Membership			Life Membership:		\$295: Age 30 & u	ınder	\$180: Age 50 – 59	
(\$40 for 2-year Term)				e based on Current Age)	\$260: Age 31 – 3	9	\$150: Age 60 – 65	
(\$101012 year remi)			(one time ree sused on our		ir current rige,	\$210: Age 40 – 4	9	\$120: Age 65 & over
Would you like information on a WMA Chapter within your area?								
Enrolled By / How did you hear about WMA:								
SIGNATURE AND VERIFICATION								
By my signature, I verify that all information contained within is correct and that I am eligible to apply having served or honorably serving in the United States Marine Corps or as Navy FMF qualified. I will abide by the WMA Bylaws and Standing Rules.								
Signature of applica				Date:				

Mail application with payment and military service record to: