



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: www.usawoa.net, Email: usawoafinance@verizon.net



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 INFORMATION

SSN or Member # [_____] Rank [_____] Specialty Branch & Code [_____ / _____]
Last 5 digits of SSN requested for use in your member number. Your SSN is not released to anyone for any purpose)

First Name [_____] MI [_____] Last [_____] Suf. [_____]

Address [_____] Date Birth (MM/DD/YYYY) [_____]

City [_____] State [_____] ZIP+4 [_____] Joined Service (MM/DD/YYYY) [_____]

Work Tel [_____] Home 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 and/or to be provided to the membership-benefit companies affiliated with USAWOA. (Regardless of option checked, no information is released outside of USAWOA

OPT OUT of AUSA 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:

- | | | |
|----------------------------|-----------------------|---------------------------|
| _____ \$800 Age 30 & Under | _____ \$610 Age 41-45 | _____ \$385 Age 56-60 |
| _____ \$765 Age 31-35 | _____ \$530 Age 46-50 | _____ \$320 Age 61-65 |
| _____ \$685 Age 36-40 | _____ \$455 Age 51-55 | _____ \$260 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

Please DO NOT affiliate me with a specific Chapter

Applicant's Typed Name and Date [_____]