

United States Army Warrant Officers Association

1-800-587-2962, 703 742-7727, Fax 703-742-7728, www.usawoa.org

GENERAL PURPOSE MEMBERSHIP FORM New Rejoin Renew Data Change

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 and other correspondence of importance to the membership. Incorrect information may result in erroneous computation of statistical & financial reports and/or credit for prior membership.

MEMBERSHIP DATABASE INFORMATION: (Please print clearly) (Please see "release" option below)

Social Security or Member No _____ Rank _____ MOS _____ Branch _____

Social Security Number is used to identify you & last 5 digits are used for your member number. SSN is not released to anyone for any purpose.

Name _____ Pay Entry Basic Date (yyymm) _____

Address _____ Date of Birth (yyyymmdd) _____

City _____ State _____ ZIP+4 _____ Home Phone (_____) _____

Unit of Assignment _____ Work Phone*: (_____) _____

(*DSN for OCONUS otherwise commercial)

Spouse (First Name) _____ Highest USAWOA Office held _____

E-Mail Address: _____

(AKO – us.army.mil preferred) (If both military and civilian are used, place preferred one first.)

Release of Information: (Check one please) I 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)

CURRENT STATUS (Check one)

Active Army - ARNG* - USAR* - Retired - Former Warrant Officer - Associate

(*AGR please check ARNG or USAR)

CERTIFICATIONS (Check as appropriate)

I HOLD HAVE HELD a Warrant issued to me by the Secretary of the Army. (If NO check Associate)

I AM AM NOT entitled to wear the National Defense Medal

TERM OF MEMBERSHIP (Check only one dues category please)

REGULAR MEMBER DUES	RETIRED MEMBER DUES
<input type="checkbox"/> 1 Yr \$45, <input type="checkbox"/> 3 Yrs \$126, <input type="checkbox"/> 5 Yrs \$200	<input type="checkbox"/> 1 Yr \$30, <input type="checkbox"/> 3 Yrs \$84, <input type="checkbox"/> 5 Yrs \$130

FIRST YEAR FREE MEMBERSHIP FOR WO1s

Life Memberships are also available (Contact the Home Office at 1-800-587-2962)

Check or Money Order for membership dues is enclosed.

Charge my: VISA, MC, Discover, AMEX # _____

(No DEBIT cards, please.)

Expires: ___/___

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 _____

OPTIONAL SPONSOR (print rank & name of sponsoring Member or name of sponsoring chapter) _____

Mail or Fax DIRECTLY To:

USAWOA, 462 Herndon Pkwy, Ste 207, Herndon, VA 20170-5235 - - - Fax 703-742-7728

Professionalism – Representation - Recognition