

United States Army Warrant Officers Association

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GENERAL PURPOSE MEMBERSHIP FORM

New Rejoin Renew Data-Change ChapterAffiliation

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

Social Security or Member # : Rank: MOS: Branch:

(Last 5 digits of SSN required for use in your member number. Your SSN is not released to anyone for any purpose)

First Name: MI: Last: Suf: BASD: (yyymm)

Address: Date Birth: (yyyymmdd)

City: State: ZIP: Home Tel:

Unit: Work Tel:

Spouse (First Name) Highest USAWOA Office held:

E-Mail Addresses:

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

RELEASE OF INFORMATION:

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

Active Army ARNG* USAR* Retired Former Warrant Officer Associate (all others)

*(*AGR please check ARNG or USAR)*

CERTIFICATIONS

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.

TERM OF MEMBERSHIP

WO1 First Year Free Membership

REGULAR/ASSOCIATE MEMBER DUES 1 yr \$45 3 yrs \$126 5 yrs \$200

RETIRED MEMBER DUES 1 yr \$30 3 yrs \$84 5 yrs \$130

Life Membership: Payment in full \$ or 10 monthly payments of \$

Visit www.usawoa.org/LM_Facts.htm for Life or Discounted Dual membership (AAAA & USAWOA) rates.

Check or Money Order for membership dues is enclosed. *(No DEBIT cards, please.)*

Charge my: VISA MC Discover AMEX

Credit Card#: Expires mm/yy: /

CHAPTER AFFILIATION *(Check one)*

Please affiliate me with a chapter near my home.

Affiliate me with this Chapter:

Please DO NOT affiliate me with a specific chapter.

Applicant's Typed Name and Date:

Optional Sponsor:

(type rank & name of sponsor or name of sponsoring chapter)

USAWOA Form 600-1E (Fill-in) (Revised April 2009)