WOMEN OF THE ARMED FORCES APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ **DOB:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

_____
City State Zip Code

E-MAIL: _____ **PHONE:** _____

BRANCH SERVICE: _____ **SERVICE DATES**: _____

DUES PAID: ☐ NO ☐ YES: ☐ CASH ☐ CHECK ☐ OTHER _____

*** Dues are $50 per calender year and may be prorated based on when you join. Dues can be paid by cash or check either in person at a meeting or event. Checks can be addressed and mailed to 'WOTAF' 1600 W. Russell St. Sioux Falls, SD 57104**

SIGNATURE _____ **DATE** _____

PRINT NAME _____

RECRUITER NAME _____