

WMA NATIONAL MEMBERSHIP APPLICATION

APPLICANT INFORMATION * DENOTES MANDATORY FIELD

*Full Name:		
*Current address:		
*City:	*State:	*ZIP Code:
*Date of Birth:	*Home Phone:	Cell Phone:
*Email:		*Email must be provided for electronic RM&D

ALTERNATE ADDRESS INFORMATION

Name:		
Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Reason for alternate:
Start Date:	Stop Date:	

EMERGENCY CONTACT

*Next of Kin		
*Address:		*Phone:
*City:	*State:	*ZIP Code:
*Relationship:		

MILITARY INFORMATION

*When Served: mm/year to mm/year	
*Name (s) Served Under:	*Maiden Name:
*Plt./Co and Series:	

RM&D AND 'NOUNCEMENTS PREFERENCES

The Resource Manual & Directory (RM&D) will be sent in CD format. If you prefer another format, please check below.

<input type="checkbox"/> Electronic Copy**	<input type="checkbox"/> Hard Paper Copy	**Must provide email for electronic copy
WMA 'Nouncements is the organizational quarterly magazine		
<input type="checkbox"/> Electronic Copy**		**Must provide email for electronic copy

MEMBERSHIP INFORMATION NEW RENEWAL REINSTATEMENT

<input type="checkbox"/> 2 year Membership \$40	Life Membership: Pick One:
Chapter Name if Known:	<input type="checkbox"/> Age 30 & Under \$295 <input type="checkbox"/> 31-39 \$260 <input type="checkbox"/> 40-49 \$210
Enrolled By/ How did you hear about WMA:	<input type="checkbox"/> 50-59 \$180 <input type="checkbox"/> 60-65 \$150 <input type="checkbox"/> 66 & older \$120

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.

*Signature of applicant:	*Date:
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Effective May 2016

WMA will never share any of your information with outside sources.

Fill in application, print and mail with payment to:
Women Marines Association
P.O. Box 377
Oaks, PA 19456-0377
www.womenmarines.org

