

# 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 issues

## 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/OCS/ FMF qualified date	____ USMC      ____ FMF NAVY*

## RM&D AND 'NOUNCEMENTS PREFERENCES

The Resource Manual & Directory (RM&D) and Nouncements will be sent in electronic format. If you prefer another format, please check below. Help WMA "Go Green" choosing the electronic copy for your RM&D and Nouncements.

____ Hard Paper Copy	**Must provide current for email electronic copy
<b>WMA 'Nouncements is the organizational quarterly magazine</b>	
____ Hard Paper Copy	**Must provide current email for electronic copy

## MEMBERSHIP INFORMATION \_\_\_\_NEW \_\_\_\_RENEWAL \_\_\_\_REINSTATEMENT

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

**\*FMF Must submit via hard copy with payment and documentation of FMF qualification with application.**

## 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 or as Navy FMF qualified. I understand my basic information is listed in the RM&D. I will abide by the WMA Bylaws and Standing Rules.

*Signature of applicant:	*Date:
--------------------------	--------

Effective May 2019

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](http://www.womenmarines.org)

