

# MEMBERSHIP APPLICATION FORM

## WOMEN MARINES ASSOCIATION



### HI-2 Wahine Koa Chapter

**Instructions:** This is an *Adobe PDF* fillable "form". As such, each field may be edited. Key in each field below, print the form (you can save it first, if you'd like), sign it and mail the form and your membership dues to the address listed below.

Basic Information			
First Name:	M/I:	Last:	
Address:			
City:	State:	Zip Code:	
Date of Birth:	Home Phone:	Cell Phone:	
E-Mail (Pri):		E-Mail (Alt):	
Marine Corps Information			
Service Dates:	From:	To:	
Maiden/Service Name:			
Plt and Series:	MOS:	Molly Marine? Yes   Year	
Membership Information			
<i>Please note;</i> Prospective WMA Wahine Koa Chapter member applicants must be a member in good standing with the <i>National Women Marines Association</i> prior to joining a local WMA chapter. See <a href="http://www.womenmarines.org">www.womenmarines.org</a> to apply for <i>National WMA Membership</i> .			
National Women Marines Membership Number	→ → →	Life?	
<b>Chapter Dues:</b> Two Years @ \$25.00	Number of Years	<input type="text"/>	
<b>Note:</b> WMA Life Members may purchase additional years	Number of Years	<input type="text"/>	
<b>Total Dues</b> (Make check payable as noted below)	→ → →		
Emergency Contact Information			
Emergency Contact Name:			
Address:		Phone:	
City:	State:	Zip Code:	
Relationship:			
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 are honorably serving in the United States Marine Corps.			
Signature:		Date:	

Please make your check payable to: **WMA HI-2 WAHINE KOA CHAPTER**  
Complete, Sign and Mail this form along with "Total Dues" Amount to:

**HI-2 WMA WAHINE KOA CHAPTER**  
 Atten: Membership  
 P.O. Box 874  
 Pearl City, HI 96782

# MEMBER BIOGRAPHICAL DATASHEET

## WOMEN MARINES ASSOCIATION

HI-2 WAHINE KOA CHAPTER

Members Information			
First Name :	M/I:	Last:	
Address:			
City:	State:	Zip Code:	
Maiden/Service Name:			
Date of Birth:	Home Phone:	Cell Phone:	
E-Mail (Pri):		E-Mail (Alt):	
Educational Background			
High School Name:		City, State:	
College/University:	Bachelors:	Arts	Sci
City, State:	Discipline:		
University:	Masters:	Arts	Sci
City, State:	Discipline:		
University:	Doctorate:	MD	PhD Oth
City, State:	Discipline:		
Marine Corps Information			
Service Dates: (Retire? )	From:	To:	
Place of Enlistment:	City:	State:	
Highest Rank Obtained:		DOR:	
Military Occupational Specialty:	(P)	(A)/(A)	
Duty Stations:	(1)	(2)	
(3)	(4)	(5)	
Recognitions, Awards, etc:	(1)	(2)	
(3)	(4)	(5)	
Family History			
Parents/Guardian Names:			
Siblings Name(s):			
Emergency POC Name:			
Address:		Phone:	
City:	State:	Zip Code:	
Relationship:			
Other Information			
Chapter Information >>	Date Joined:	Member #:	
National WMA Information >>	Date Joined:	Life?	Member #:
Offices Held:			
Other Information (provide additional information on separate page(s) as desired; i.e., combat/deployments, service awards/medals, service accomplishments, current interests, activities, etc. Also, please provide USMC and current photo):			
Signature:			Date: