

# United States Army Warrant Officers Association

1-800-587-2962, 703-742-7727, Fax 703-742-7728, Web www.usawoa.org

## GENERAL PURPOSE MEMBERSHIP FORM

Place "X" in appropriate box  New  Rejoin  Renew  Data Change  Chapter Affiliation

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.

Social Security or Member # : [ \_\_\_\_\_ ] Rank: [ \_\_\_\_\_ ] MOS: [ \_\_\_\_\_ ] Branch: [ \_\_\_\_\_ ]  
(SSN is used to identify you & last 5 digits are used for your member number. It is not released to anyone for any purpose)

First Name [ \_\_\_\_\_ ] MI [ \_\_\_\_\_ ] Last [ \_\_\_\_\_ ] Suf [ \_\_\_\_\_ ] Joined Service (yyymm) [ \_\_\_\_\_ ]

Address [ \_\_\_\_\_ ] Date Birth (yyyymmdd) [ \_\_\_\_\_ ]

City [ \_\_\_\_\_ ] State [ \_\_\_\_\_ ] ZIP+4 [ \_\_\_\_\_ ] Home Tel [ \_\_\_\_\_ ]

Unit of Assignment [ \_\_\_\_\_ ] Work Tel \* [ \_\_\_\_\_ ]

(\*DSN for OCONUS work phones otherwise commercial)

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: (Place "X" in appropriate box): 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 (Place "X" in appropriate box)

Active Army -  ARNG\* -  USAR\* -  Retired -  Former Warrant Officer -  Associate (all others)  
(\*AGR please check ARNG or USAR)

CERTIFICATIONS (Place "X" in appropriate box)

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 (Place "X" in appropriate box - only one dues category please)

INITIAL ONE-YEAR MEMBERSHIP FOR WO1s ONLY AT NO COST  
 REGULAR/ASSOCIATE MEMBER DUES  1 Yr \$45,  3 Yrs \$126,  5 Yrs \$200  
 RETIRED MEMBER DUES  1 Yr \$30,  3 Yr s \$84,  5 Yrs \$130  
 Life Memberships  Payment in full \$[ \_\_\_\_\_ ] -  10 monthly payments of \$[ \_\_\_\_\_ ]

Check or Money Order for membership dues is enclosed.

Charge my:  VISA,  MC,  Discover,  AMEX - Credit Card# [ \_\_\_\_\_ ]  
(No DEBIT cards, please.) Expires mm/yy: [ \_\_\_\_\_ ] / [ \_\_\_\_\_ ]

CHAPTER AFFILIATION (Check one)

Please affiliate me with a chapter near my home.  
 Affiliate me with the [ \_\_\_\_\_ ] 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 2007)

Mail or Fax DIRECTLY To:

USAWOA, 462 Herndon Parkway, Suite 207, Herndon, VA 20170-5235 Fax: 703-742-7728