



# WMA

## Women Marines Association National Membership Application

### APPLICANT INFORMATION

Full Name:					
Mailing Address:	Street			Apt/Unit #	
	City		State		Postal Code
Date of Birth:	(mm/dd/yyyy)		Primary Phone:	(xxx)xxx-xxxx	
Email:					

### NEXT OF KIN CONTACT INFORMATION

NOK Name:					
Mailing Address	Street			Apt/Unit#:	
	City		State		Postal Code
Primary Phone:	(xxx)xxx-xxxx		Relationship:		

### MILITARY INFORMATION

Service Start Date:	(mm/dd/yyyy)	Service End Date:	(mm/dd/yyyy)
Service Name(s):			
Plt./ Series/OCS:		MOS:	
Check box if you are a FMF Navy Service Member	<input type="checkbox"/>	<b>Attention:</b> Verification of honorable Marine Corps or Navy FMF service must be provided. This may include a DD 214, Honorable Discharge Certificate or Summary; and for those currently serving a letter on command stationary or copy of TBIR screen. Please redact any SSNs. Do not send ORIGINAL documents.	

### 'NOUNCEMENTS PREFERENCES

The quarterly newsletter from WMA called '*Nouncements* is automatically sent to members in an electronic format. If you would prefer to also receive a hard copy of the '*Nouncements*, please check the box.

### MEMBERSHIP SELECTION

Term Membership <input type="checkbox"/> (\$60 for 2-year Term)	Life Membership: <input type="checkbox"/> (One-time fee based on Current Age)	<input type="checkbox"/> \$395: Age 30 & under	<input type="checkbox"/> \$250: Age 60 – 69
		<input type="checkbox"/> \$360: Age 31 – 39	<input type="checkbox"/> \$220: Age 70 – 79
		<input type="checkbox"/> \$310: Age 40 – 49	<input type="checkbox"/> \$100: Age 80 – 89
		<input type="checkbox"/> \$280: Age 50 – 59	<input type="checkbox"/> \$0: Age 90 and up

Would you like information on a WMA Chapter within your area?

Enrolled By / How did you hear about WMA: \_\_\_\_\_

### 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 will abide by the WMA Bylaws and Standing Rules.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Mail application with payment and military service record to:

Women Marines Association  
401 Edgewater Place, Suite 600  
Wakefield, MA, 01880 USA