

***United States Army  
Warrant Officers Association***

<b>REQUEST FOR CHANGE OF USAWOA CHAPTER AFFILIATION</b>			
Name	SSN	Grade	SSN or Member Number
Street or Unit (new)	City	State/APO	ZIP+4 (We save on postage)
Telephone Numbers: Home:		Work:	
E-mail addresses:			
I wish to change my local membership affiliation as indicated below:			
From Chapter _____			
To Chapter _____			
To Non-Affiliated with any Chapter <input type="checkbox"/>			
Effective date: _____			
Date	Name of Sponsor (optional)	Signature	