



United States Army Warrant Officers Association

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The Quiet Professionals®

1-800-587-2962, 703-742-7727, Fax 703-742-7728, Web: usawoa.net, Email: usawoamdb@verizon.net



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, membership longevity and other correspondence of importance to the membership.

MEMBERSHIP DATABASE INFORMATION - - - - - (Press INSERT key & type between square brackets)

SSN or Member # [_____] Rank [_____] Specialty Branch & Code [_____ / _____]
Last 5 digits of SSN requested for use in your member number. Your SSN is not released to anyone for any purpose)

First Name [_____] MI [_____] Last [_____] Suf. [_____]

Address [_____] Date Birth (MM/DD/YYYY) [_____]

City [_____] State [_____] ZIP+4 [_____] Joined Service (MM/DD/YYYY) [_____]

Home Tel [_____] Work Tel [_____] Cell Tel [_____]

Spouse (First Name) [_____] Highest USAWOA Office held [_____]

E-Mail Addresses [(1) _____ (2) _____]

Provide correct email addresses. (If both military and civilian are used, place preferred one first)

RELEASE OF INFORMATION (Place "X" in appropriate box): 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) Male Female

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 (Check only one dues category please) **The NEWSLINER will be delivered electronically. If you wish a paper copy there will be an additional \$12 per year, unless you have 25+ years of membership or are a Life Member.)**

INITIAL 18 Months MEMBERSHIP FOR WO1s ONLY AT NO COST. Check here for hard copy Newsliner at \$12 per year.

***WOCs GRADS PLEASE SHOW NEXT DUTY ASSIGNMENT UPON GRADUATION** _____

MEMBERS DUES with electronic delivery of NEWSLINER	MEMBERS DUES with paper copy of the NEWSLINER
Regular/Assoc. <input type="checkbox"/> 1 Yr \$45 <input type="checkbox"/> 3 Yrs \$126 <input type="checkbox"/> 5 Yrs \$200	Regular/Assoc. <input type="checkbox"/> 1 Yr \$57 <input type="checkbox"/> 3 Yrs \$162 <input type="checkbox"/> 5 Yrs \$260
Retired <input type="checkbox"/> 1 Yr \$30 <input type="checkbox"/> 3 Yrs \$84 <input type="checkbox"/> 5 Yrs \$130	Retired <input type="checkbox"/> 1 Yr \$42 <input type="checkbox"/> 3 Yrs \$120 <input type="checkbox"/> 5 Yrs \$190

Life Membership Payment in full \$ [_____] OR 10 monthly payments of \$ [_____]

For USAWOA Life Member rates and Discounted Dual Memberships in AAAA & USAWOA see (www.usawoa.net) or phone **1-800-587-2962.**

Check or Money Order for membership dues is enclosed. (Make Payable to "USAWOA")

Charge my: VISA, MC, Discover, AMEX - Credit Card# [_____]
(No DEBIT cards, please.) CVV Code: [_____] Expires (MM/YY) [_____]

CHAPTER AFFILIATION (Check one)

Please affiliate me with a Chapter near my home.

Affiliate me with the [_____] Chapter
(MUST BE IN THE SAME REGION AS YOUR HOME ADDRESS)

Please **DO NOT** affiliate me with a specific Chapter

Applicant's Typed Name and Date [_____]

USAWOA Form 600-1 (Fill-in) (Revised April 2015) (ALL PREVIOUS VERSIONS ARE OBSOLETE)

THIS FORM IS TO BE USED BY THOSE WHO WANT TO BE A MEMBER OF USAWOA ONLY.