

# WMA Membership Application

Fill in the blanks, print and mail!

## Check Applicable Box:

- New, Term     New, Life  
 Life         Renewal  
 Reinstated

Last Name:  First Name:  MI:

Last Name in Service:  SSN:

Street Address:  PO Box:  Apt #:

City:  State:  9-Digit Zip Code:

Telephone #:  Date of Birth (MM/DD/YYYY)  Chapter Code (i.e., PA-2):

Service Dates: (MM/YYYY): From  To  MOS:   
*(Chapter membership is not mandatory; however, if you would like to join one and don't know the chapter closest to you, please let us know.)*

Email Address:

*Please enter email address in all lowercase*

## Molly Marine Award Recipient

- Yes     No

If yes, what year?

Name of Next of Kin:  Relationship:

Street Address:  PO Box:  Apt #:

City:  State:  9-Digit Zip Code:  Phone #:

*Dues include 'Nouncements and the Resource Manual and Membership Directory. Please check membership level:*

- Annual:     1 yr - \$15                      *Life (pro-rated by age):*     30 & under - \$220     31-45 - \$190  
                  2 yrs - \$25     46-60 - \$155                       61 & over - \$120

*I certify that by my signature that I am now serving or have served honorably in the United States Marine Corps, regular or reserve components.*

Signature: \_\_\_\_\_ Date:  Enrolled By:

How did you hear about WMA?

MAKE CHECK PAYABLE TO **WMA** AND MAIL TO:  
Women Marines Association, PO Box 8405, Falls Church, VA 22041-8405

PLEASE FILL IN, PRINT OUT AND MAIL OUT! THANK YOU

Want one of your loved ones to be active? Your family and friends are eligible to join our auxiliary, the **Loyal Escorts of the Green Garter**.  
Get them signed up today by clicking the BACK button to return to the previous page and scrolling down.