

Chapter CA-11 Membership Welcome

Applicant Information

Full Name:

Address:

City:

State:

Zip Code:

Date of Birth:

Home Phone:

Cell Phone:

E-mail:

Emergency Contact

Name of relative not residing with you:

Full Name:

Current address:

City:

State:

Zip Code:

Relationship:

Spouse Information

Name:

Date of Birth:

E-mail:

Phone:

Military Information

When Served:

Name(s) Served Under:

Maiden Name:

Plt, and Series:

MOS:

NO Membership FEE

Your role as a member of CA-11 will be to volunteer to join in community events and military activities.

Support the yearly Toys for Tots campaign. Attend WMA CA-11 luncheons, meetings and parties.

Try to come to the National WMA conferences every 2 years

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. Keep a copy for your records.

Signature of Applicant:

Date:



Print, fill in application and mail with payment to:

**Women Marines Association CA-11
4062 Capella Street, Lompoc, CA 93436**