

Join or Renew Your Membership Today

Applicant Information

Full Name:

Current address:

City:	State:	Zip Code:
Date of Birth:	Home Phone:	Cell Phone:
SSN:	E-mail:	

Alternate Address information

Full Name:

Current address:

City:	State:	Zip Code:
Phone:	E-mail:	Reason for alternate:
State Date:	Stop Date:	

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:
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Military Information

When Served:

Name(s) Served Under:	Maiden Name:
Plt, and Series:	MOS:
Molly Marine: <input type="checkbox"/> Yes <input type="checkbox"/> No	

RM&D Preference

After **2012** the Resource and Member Directory (RMD) will be sent CD format. If you prefer another format please check below

<input type="checkbox"/> Electronic Copy	<input type="checkbox"/> Hard Paper Copy	One only
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→ **Membership information:** **New** **Renewal** **Reinstatement**

<input type="checkbox"/> 2 Year Membership \$40.00	Life membership: Pick One
Chapter Name If Known: CA-11	<input type="checkbox"/> Age 30 & Under \$295 <input type="checkbox"/> 31-39 \$260 <input type="checkbox"/> 40-49 \$210
Enrolled by / How did you hear about WMA: Website	<input type="checkbox"/> 50-59 \$180 <input type="checkbox"/> 60-65 \$150 <input type="checkbox"/> 66 & older \$120

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.

Signature of Applicant: 	Date:
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Print, fill in application and mail with payment to:
Women Marines Association
P.O. Box 377, Oak, PA 19456-0377