



ALL ITEMS MUST BE FILLED IN TO PROCESS APPLICATION

MAIL COMPLETED FORM & PAYMENT TO:

The Military Order of World Wars
ATTN: HQ MOWW/DA
435 North Lee Street
Alexandria, VA 22314-2301

FOR HQ MOWW USE ONLY:

- ◆ Member Number: _____
- ◆ Date Received by HQ: _____
- ◆ Date HQ Processed: _____

A. APPLICANT INFORMATION

1. How did you hear of MOWW? _____
2. Requested Chapter of Affiliation: _____
(EXAMPLE: BG BULTMAN CHAPTER, VA)
3. Full Rank, Name, Service, Status: _____
(E.G., LT COL JOHN EDWARD JONES, USAF (RET))
4. Mailing Address: _____
(PRINT THE FULL STREET MAILING ADDRESS—INCLUDING APARTMENT OR LOT NUMBER IF APPLICABLE)
5. Mailing Address: _____
(PRINT THE CITY, STATE AND ZIP CODE)
6. Home Phone: (_____) _____
(PRINT AREA CODE AND TELEPHONE NUMBER, E.G., (555) 555-1234)
7. Cell Phone: (_____) _____
(PRINT AREA CODE AND TELEPHONE NUMBER, E.G., (555) 555-4321)
8. Email Address: _____
(EXAMPLE: COMPANIONJONES@MOWW.NET)
9. Birthdate: _____
(DAY - MONTH - YEAR, E.G., 22 MARCH 1970)
10. Spouse's/Partner's Full Name / "Go By" Name: _____
(E.G., JULIET ANN JONES / JULIE)
11. *Hereditary Membership Linkage (if applicable): _____
(EXAMPLE: COL THOMAS JEFFERSON JONES, USA (RET) / PATERNAL GRANDFATHER)
12. Applicant's Signature: _____
(APPLICANT'S SIGNATURE)

B. VETERAN INFORMATION

1. Service Branch (circle): USA USN USMC USAF USCG USPHS NOAA
2. Veteran Status (circle): ACTIVE DUTY RETIRED FORMER RESERVE NATIONAL GUARD
3. Dates of Service: _____ Rank: _____
(FROM YEAR TO YEAR, E.G., 1991 - 2011) (SPELL OUT RANK, E.G., LIEUTENANT COMMANDER)

C. SPONSOR INFORMATION

1. Sponsor's Full Name, Rank, Service: _____
(EXAMPLE: JOHN EDWARD JONES, LCDR, USN (RET)) _____
SPONSOR'S CHAPTER
2. Sponsor's Signature: _____
(SPONSOR'S SIGNATURE)

D. MEMBERSHIP CATEGORIES

- | | |
|--|--|
| <input type="checkbox"/> Regular Perpetual @ 1 x \$350.00, or 4 x \$87.50 quarterly installments | <input type="checkbox"/> Regular (Annual) Membership @ \$40.00/year |
| <input type="checkbox"/> Hereditary Perpetual (≥ 21 years) @ 1 x \$350.00, or 4 x \$87.50 quarterly installments | <input type="checkbox"/> Hereditary (Annual) Membership @ \$40.00/year |
| <input type="checkbox"/> Hereditary Perpetual (≤ 20 years) @ 1 x \$200.00, or 4 x \$50.00 quarterly installments | <input type="checkbox"/> Former Regular (Annual) Membership @ \$40.00/year |
| <input type="checkbox"/> Perpetual @ 1 x \$200.00 (1 st year of commission as 2LT, Ensign, or WO) | |
| <input type="checkbox"/> Memorial Perpetual @ 1 x \$200.00 | |

TOTAL AMOUNT ENCLOSED: \$ _____
(NOTE: CHAPTER DUES REMAIN AT THE CHAPTER LEVEL AND ARE PAID TO THE CHAPTER TREASURER.)