

MOWW® | Membership Application



MAIL COMPLETED FORM & PAYMENT TO:
HQ MOWW/DA (Membership)
435 North Lee Street
Alexandria, VA 22314-2301

HQ MOWW USE ONLY:
♦ Member Number: _____
♦ Date Received by HQ: _____; Date HQ Processed: _____

A. APPLICANT'S INFORMATION

1. Full Name (First, Middle, Last, Suffix): _____
2. Mailing Address (street, apartment, etc.) _____
3. Mailing Address (city, state, ZIP Code): _____
4. Home Phone (*indicate if preferred*): (_____) _____
5. Cell Phone (*indicate if preferred*): (_____) _____
6. Email Address: _____
7. Birthdate (Day, Month, Year): _____
8. Spouse's/Partner's Full Name / "Go By" Name: _____
9. Service Branch (circle): USA USN USMC USAF USCG USPHS NOAA
10. Veteran Status (circle): ACTIVE DUTY RESERVE NATIONAL GUARD RETIRED FORMER
11. Dates of Service (MM/YY) & Federal Rank: From: _____ To: _____; Highest Federal Rank Held: _____
12. Hereditary Membership Linkage (*if applicable*): _____
13. How did you hear of MOWW: Referral (rank, name): _____;
Facebook: _____; MOWW website: _____; Chapter Website: _____;
Other (e.g., event): _____
14. Membership Categories: | ★ *NOTE: Applicant pays chapter dues (if any) to the chapter treasurer*

<input type="checkbox"/> Perpetual Member (Veteran) @ 1 x \$350.00	<input type="checkbox"/> Hereditary Perpetual <21 years @ 1 x \$200.00
<input type="checkbox"/> Perpetual Member (Veteran) @ 4 x \$87.50 quarterly installments	<input type="checkbox"/> Hereditary Perpetual <21 years @ 4 x \$50.00 quarterly installments
<input type="checkbox"/> Perpetual Member (Veteran) @ 1 x \$200.00 (1 st year of commission/warrant)	<input type="checkbox"/> Memorial Perpetual Member (Veteran & Hereditary) @ 1 x \$200.00
<input type="checkbox"/> Perpetual Member (Veteran) @ 4 x \$50.00 (1 st year of commission/warrant)	<input type="checkbox"/> Regular Member (Veteran) @ \$40.00/year
<input type="checkbox"/> Hereditary Perpetual Member ≥21 years @ 1 x \$350.00	<input type="checkbox"/> Former Regular Member (Veteran) @ \$40.00/year
<input type="checkbox"/> Hereditary Perpetual Member ≥21 years @ 4 x \$87.50 quarterly installments	<input type="checkbox"/> Hereditary Regular Member @ \$40.00/year
15. Requested MOWW Chapter of Affiliation: _____
16. **Applicant's Signature:** _____ **Date:** _____

B. APPLICANT'S CREDIT CARD INFORMATION (*Optional initial payment method: applicant may also pay by check*)

1. Credit Card Type: MasterCard VISA Discover American Express
2. Cardholder Name (as shown on the credit card): _____
3. Card number: _____; Expiration Date (MM/YY): _____;
Card Verification Number (on back of card): _____; Cardholder ZIP Code (from credit card billing address): _____
4. I, _____, authorize The Military Order of the World Wars to charge my credit card above
PRINT FULL NAME AS SHOWN ON THE CREDIT CARD
for the agreed upon purchases. I understand that my information will be saved to file for membership purposes.
5. **Cardholder's (Customer's) Signature:** _____ **Date:** _____

C. SPONSOR'S INFORMATION

1. Sponsor's Full Name, Rank, Service: _____ Chapter: _____
2. **Sponsor's Signature:** _____ **Date:** _____

CHAPTERS MUST MAIL FULLY-COMPLETED INITIAL APPLICATIONS WITH CHECK PAYMENT/CREDIT CARD INFORMATION TO:
HQ MOWW/DA (MEMBERSHIP); 435 NORTH LEE STREET; ALEXANDRIA, VA 22314-2301.
SUBSEQUENT DUES PAYMENTS MAY BE MADE ONLINE AT: www.moww.org

PLEASE PRINT CLEARLY