



ACTION REQUIRED

**PLEASE EMAIL THIS
COMPLETED FORM TO:**

**Historian General LTC Arthur B. Fowler III, USA (Ret)
509 Lincolnshire Dr., Irving, TX 75061
Email: af3@verizon.net; Phone: 214-675-0690**

Guidance: Please refer to the MOWW Policy Handbook for additional guidance. Retain a copy in Chapter records.

A. CHAPTER INFORMATION (REQUIRED; APPLIES TO REGION, DEPARTMENT/STATE AND CHAPTER)

- 1. Chapter Name: _____
(PRINT THE APPLICANT'S FULL NAME, RANK, SERVICE)
- 2. Chapter Location: _____
(PRINT THE FULL MAILING ADDRESS)
- 3. Date Joined the Order: _____
(PRINT THE FULL EMAIL ADDRESS)

B. COMPANION INFORMATION (REQUIRED; APPLIES TO REGION, DEPARTMENT/STATE AND CHAPTER)

- 1. Name: _____
(PRINT THE APPLICANT'S FULL NAME, RANK, SERVICE)
- 2. Mailing Address: _____
(PRINT THE FULL MAILING ADDRESS)
- 3. Email Address: _____
(PRINT THE FULL EMAIL ADDRESS)
- 1. Phone Numbers: _____ / _____ / _____
(HOME PHONE) (BUSINESS PHONE) (CELL PHONE)
- 2. Date & Place of Birth: _____
(PRINT THE FULL MAILING ADDRESS)
- 3. Federal Rank Attained: _____
(PRINT THE FULL EMAIL ADDRESS)
- 4. Hereditary Member & Sponsor: _____ / _____
(YES / NO) (SPONSOR NAME)
- 5. Married (Spouse & Date): _____ / _____
(SPOUSE'S NAME) (DATE OF MARRIAGE)
- 6. Name(s) of Children: _____
(PRINT FULL NAMES)
- 7. Name(s) of Grandchildren: _____
(PRINT FULL NAMES)
- 8. Name(s) of Great-Grandchildren: _____
(PRINT FULL NAMES)
- 9. Chapter Membership (List All): _____
(PRINT THE NAME OF ALL CHAPTERS IN WHICH THE COMPANION HOLDS A MEMBERSHIP)
- 10. Highest MOWW Position Held: _____
(PRINT POSITION TITLE)
- 11. Summary of Federal Service:

(PRINT CLEARLY)



12. Awards & Decorations (Federal, State, Foreign):

(PRINT CLEARLY)

13. Degrees & Certificates (Technical Schools, Community Colleges, Colleges & Universities, Military, MOWW, Foreign):

(PRINT CLEARLY)

14. Publications, Articles, Memoirs, etc.:

(PRINT CLEARLY)

NOTE: Autographed copies of publications or of other material of historical interest may be filed with this profile for inclusion in the Archives of the Military Order of the World Wars.

C. SIGNATURE & DATE (REQUIRED)

DISCLAIMER: By my signature below, I authorize the data and information in this profile and attached thereto to be placed in the MOWW Archives. This data and/or information provided may not be used for any commercial or other purposes, other than scholastic writing, in which case the use of such data and/or information must be first be approved in writing by the Companion named and signing below.

SUBMITTER'S NAME, SIGNATURE AND DATE
(Print full name, rank and Service, and sign and date)

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