

# MOWW® | Membership Application

## MAIL COMPLETED FORM & PAYMENT TO:

HQ MOWW/DA (Membership)  
435 North Lee St.; 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: (\_\_\_\_\_) \_\_\_\_\_
5. Cell Phone: (\_\_\_\_\_) \_\_\_\_\_
6. Email Address: \_\_\_\_\_
7. Birthdate (Day, Month, Year): \_\_\_\_\_
8. Spouse's/Partner's Full Name / "Go By" Name: \_\_\_\_\_
9. Service Branch (circle):  
USA      USMC      USN      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): \_\_\_\_\_

How did you hear of MOWW:  
Referral (rank, name): \_\_\_\_\_;  
Facebook: \_\_\_\_\_; MOWW website: \_\_\_\_\_; Chapter Website: \_\_\_\_\_;  
Other (e.g., event): \_\_\_\_\_

13. Membership Categories: | ★ *NOTE: Applicant pays chapter dues (if any) directly to their chapter treasurer*

- |  |   |
|--|---|
| <input type="checkbox"/> Veteran Perpetual @ 1 x \$350.00  | <input type="checkbox"/> Hereditary Perpetual (age 1-20) @ 1 x \$200.00           |
| <input type="checkbox"/> Veteran Perpetual @ 4 x \$87.50 qtrly                                       | <input type="checkbox"/> Hereditary Perpetual (age 1-20) @ 4 x \$50.00 qtrly      |
| <input type="checkbox"/> Veteran Perpetual (1 <sup>st</sup> year commission/warrant) @ 1 x \$200.00  | <input type="checkbox"/> Veteran Regular @ \$40.00/year (one-time payment)        |
| <input type="checkbox"/> Vet Perpetual (1 <sup>st</sup> year commission/warrant) @ 4 x \$50.00 qtrly | <input type="checkbox"/> Hereditary Regular @ \$40.00/year (one-time payment)     |
| <input type="checkbox"/> Hereditary Perpetual (age 21+) @ 1 x \$350.00                               | <input type="checkbox"/> Memorial Perpetual (Veteran & Hereditary) @ 1 x \$200.00 |
| <input type="checkbox"/> Hereditary Perpetual (age 21+) @ 4 x \$87.50 qtrly                          |   |

14. Requested MOWW Chapter of Affiliation: \_\_\_\_\_

15. 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: \_\_\_\_\_  
(MUST BE AN ORIGINAL SIGNATURE (NOT REPRODUCED))

### C. RECRUITER-SPONSOR'S INFORMATION

1. Recruiter-Sponsor's Full Name, Rank, Service: \_\_\_\_\_ Chapter: \_\_\_\_\_
2. Recruiter-Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(MUST BE AN ORIGINAL SIGNATURE (NOT REPRODUCED))

**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](http://www.moww.org)**

PLEASE PRINT CLEARLY — FILL OUT ALL BLOCKS