

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

- Full Name (First, Middle, Last, Suffix): _____
- Mailing Address (street, apartment, etc.): _____
- Mailing Address (city, state, ZIP Code): _____
- Home Phone: (_____) _____
- Cell Phone: (_____) _____
- Email Address: _____
- Birthdate (Day, Month, Year): _____
- Spouse's/Partner's Full Name / "Go By" Name: _____
- Applicant's Service Branch (circle): USA USMC USN USAF USCG USPHS NOAA
- Applicant's Veteran Status (circle/fill in): ACTIVE DUTY RESERVE NATIONAL GUARD/_____
STATE RETIRED FORMER
- Applicant's Dates of Service (MM/YY) From: _____ To: _____; Highest Federal Rank Held: _____
MM / YR MM / YR
- Hereditary Membership Linkage (if applicable): _____
- How did you hear of MOWW: Referral (rank, name): _____;
Facebook: _____; MOWW website: _____; Chapter Website: _____;
Other (e.g., event): _____
- Membership Categories: | ★ *NOTE: Applicant pays chapter dues (if any) directly to their chapter treasurer*
 Veteran Perpetual @ 1 x \$350.00
 Veteran Perpetual @ 4 x \$87.50 qtrly
 Veteran Perpetual (1st year commission/warrant) @ 1 x \$200.00
 Vet Perpetual (1st year commission/warrant) @ 4 x \$50.00 qtrly
 Hereditary Perpetual (age 21+) @ 1 x \$350.00
 Hereditary Perpetual (age 21+) @ 4 x \$87.50 qtrly
 Hereditary Perpetual (age 18-20) @ 1 x \$200.00
 Hereditary Perpetual (age 18-20) @ 4 x \$50.00 qtrly
 Veteran Regular @ \$40.00/year (one-time payment)
 Hereditary Regular @ \$40.00/year (one-time payment)
 Memorial Perpetual (Veteran & Hereditary) @ 1 x \$200.00
- Requested MOWW Chapter of Affiliation: _____
- Applicant's Signature: _____ Date: _____

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

- Credit Card Type: MasterCard VISA Discover American Express
- Cardholder Name (as shown on the credit card): _____
- Card number: _____; Expiration Date (MM/YY): _____;
Card Verification Number (on back of card): _____; Cardholder ZIP Code (from credit card billing address): _____
- 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 credit card information will **NOT** be saved.
- Cardholder's (Customer's) Signature: _____ Date: _____
(MUST BE AN ORIGINAL SIGNATURE (NOT REPRODUCED))

C. RECRUITER-SPONSOR'S INFORMATION

- Recruiter-Sponsor's Full Name, Rank, Service: _____ Chapter: _____
- Recruiter-Sponsor's Signature: _____ Date: _____
(ONE SPONSOR ONLY; 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

PLEASE PRINT CLEARLY — FILL OUT ALL BLOCKS