

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): _____

Phone Number(s): Home: _____

Cell: _____

Email Address: _____

Birthdate (Day, Month, Year): _____

Spouse's/Partner's Name: _____

Applicant's Service Branch (circle):

USA USMC USN USAF USSF USCG USPHS NOAA

Applicant's Veteran Status (mark/fill-in all that apply):

Active Duty Reserve Retired Former National Guard: _____ (State)

Applicant's Dates of Service (MM/YY): _____ to _____; Highest Federal Rank: _____

Hereditary Membership Linkage (if applicable): _____

How did you hear of MOWW? _____

B. MEMBERSHIP CATEGORIES (Choose One):

**Note: Applicant must pay chapter dues (if any) directly to Chapter Treasurer.*

Veteran

- Perpetual: 1 x \$350.00
- Installment: 4 x \$87.50 quarterly
- Perpetual (1st year of Commission/Warrant): 1 x \$200.00
- Installment: 4 x \$50.00 quarterly
- Regular: \$40.00/year (one-time payment)

Hereditary

- Perpetual (age 21+): 1 x \$350.00
- Installment: 4 x \$87.50 quarterly
- Perpetual (age 18-20): 1 x \$200.00
- Installment: 4 x \$50.00 quarterly
- Regular: \$40.00/year (one-time payment)

Memorial Perpetual: 1 x \$200.00

Requested MOWW Chapter of Affiliation: _____

Applicant's Signature: _____ Date: _____

C. APPLICANT'S CREDIT CARD INFORMATION (Please skip this section if paying by check)

Credit Card Type: MasterCard Visa Discover American Express

Cardholder Name (as shown on the credit card): _____

Card Number: _____

Expiration Date: _____, CVV Number: _____

I, _____, authorize The Military Order of the World Wars to charge my credit card above for the agreed upon dues amount. I understand that my credit card information will NOT be saved.

Cardholder's (Customer's) Signature: _____

D. RECRUITER-SPONSOR'S INFORMATION

Recruiter-Sponsor's Full Name, Rank, Service: _____

Recruiter-Sponsor's Signature: _____ Date: _____