Appendix D

Women's Army Corps Veterans' Association - Army Women United (WACVA-AWU) APPLICATION FOR MEMBERSHIP

Name:		Email:	
Address:			
City:	State:	zip:	
Telephone No: () _	Date of Birth:	
Email Address:			
Name(s) while in Service	e:		
Branch of Military Servi Beginning date of Servi	·		
End date of Service: Places served:			
Signature:		Date:	
How did you hear abou	t our organization?		
	Please do not write below	this line	
submit this application to wish to join as a member All applications for member Discharge from Active I currently serving, a coperation 1. Eligibility: Wom Army, Army National Gunited as Regular Members and the serving honorably with 2. Regular Members 1 July through 30 Juris 1 and 10 pinks 1 pinks 1 pinks 2 pinks 2 pinks 2 pinks 2 pinks 3 pinks 3 pinks 4	to the Membership Chair of that cler-at-large; email or mail this apple accompanied by Duty) or official retirement docume y of your military ID will suffice. Hen who provide evidence that the uard or the U.S. Army Reserve, reabers. Women who provide evider any branch of the military other the ership dues are \$40.00 per year;	Vomen United as a chapter member you may hapter. If there is no chapter in your area, and you deation to WACVA-Army Women United. You a copy of your DD 214 (Certificate of Release or ents or equivalent official evidence of service. If You are: current, former or retired members of the U.S. egardless of rank, may join WACVA – Army Women are that they have served, retired from, or are now an the Army may join as Affiliate Members. this does not include chapter dues; our fiscal year are matter when you renew.	
4. Attach a COPY SECURITY NUMBER. is required to securely r 5. All Regular Mer per year. Associate Me	These copies WILL NOT be retur maintain these documents to pres mbers will receive six (6) issues or	/or official documents, BLACK OUT YOUR SOCIAL ned to you because WACVA – Army Women United erve our veteran organization status. the official national publication, "THE CHANNEL", INEL". Regular and Associate Members will receive	

WACVA – Army Women United National Headquarters P.O. BOX 663 Weaver, AL 36277

Name and date of approving authority: _____
Amount of dues received: _____Card number issued: _____