



MEMBERSHIP APPLICATION

Military Women Across the Nation (MWAN)

Name: _____ Phone: (____) _____
First Middle Maiden Last

Mailing Address: _____
Street City State Zip

E-Mail Address: _____ Unit No. or MAL _____

Birthday: Day _____ Month _____ Year _____ Branch of Service: _____

Dates of Service: From: _____ To: _____

Highest Rank/Rate: _____ Basic Training: _____

Training schools: _____

Primary/Last duty station: _____

College/special talents: _____ Referred by: _____

MEMBERSHIP shall be extended to military service women who served or are serving honorably in the U.S. Armed Forces, both regular and reserve components to include the National Guard and Maritime Services. Membership includes an E-MAIL subscription to *Military Women's Bulletin* published six times per year.
IF YOU PREFER a black & white printed bulletin mailed via USPS Bulk Mail, initial here: _____

“I certify that I meet the eligibility requirements of MWAN and I can produce a copy of my military identification, DD214 or other honorable discharge document upon request.”

Applicant Signature: _____ Date: _____

First Time, NEW Member Dues are \$35 for the period of 1 Jan through 31 Dec

Initial Annual Dues for **First Time, NEW Members** joining after 1 Aug shall cover the remainder of the current year AND the full, following calendar year.

First Time, New Members will receive an MWAN Membership Card and MWAN T-Shirt:

Please select preferred Unisex T-Shirt size: **S** **M** **L** **XL** **2X** **3X**

Annual Renewal & Reinstatement Dues are \$25 for the period of 1 Jan through 31 Dec

LIFE MEMBERSHIP IS AVAILABLE TO MEMBERS 90 YEARS OF AGE AND OLDER for \$30.00

New members joining through a local unit, make check payable to the local unit. The local unit treasurer will submit the payment and application to the MWAN Vice President for Finance.

New members-at-large make check payable to “MWAN” and mail with this completed and SIGNED application to:
 Terry Taylor, MWAN Vice President for Finance
 10105 E Via Linda, Ste 103-253, Scottsdale AZ 85258.

PLEASE MAKE A COPY OF THIS APPLICATION FOR YOURSELF AND YOUR UNIT.

A tax-deductible donation to MWAN in the amount of \$ _____ is included in the attached check.

(For office use only) _____ MWAN National ID # _____