

Women's Army Corps Veterans Association
APPLICATION FOR MEMBERSHIP

Name: (Miss / Ms / Mrs.) _____

Address: _____

City: _____ State: _____ Zip + 4: _____

Telephone No.:(_____) _____ Date of Birth: _____

Name while in Service: _____

Branch of Military Service: _____

Serial No.: _____ Social Security No.: _____

Date of enlistment: _____ Place: _____

Date of discharge: _____ Place: _____

Places served: _____

Signature: _____ Date: _____

Please do not write below this line

Directions:

Eligible women wishing to join the Women's Army Corps Veterans Association, Chapter _____ should return this application to the Membership Chairperson along with a copy of your DD214 (Armed Forces of the United States Report of Transfer or Discharge) or equivalent and the applicable dues:

1. Women who have served or are now serving honorably with the United States Army, the United States Army Reserve or Army National Guard of the United States, the Women's Army Auxiliary Corps, or the Women's Army Corps may join as Regular Members. Women who have served or are now serving honorably with any Branch of Military Service other than the Army may join as Affiliate Member.
2. **As of 1 July 2010 the Dues will be:** Regular Member's dues are \$25.00 per year; fiscal year is July 1 to June 30. For new members joining after Jan 1st, dues to the end of the fiscal year are \$12.50 and then \$25.00 per fiscal year thereafter, no matter when she renews.
3. Affiliate member's dues are \$_____ per year. For new Affiliate Members joining after Jan 1st, dues to the end of the fiscal year are \$_____ and then \$_____ per fiscal year thereafter no matter when she renews. (Affiliate dues are decided by each Chapter)
4. Attach **PHOTOSTAT COPY** of discharge papers only. These copies **WILL NOT** be returned to you.
5. All Regular Members will receive six (6) issues of the official national publication, "THE CHANNEL", per year. Associate Members do not receive "THE CHANNEL". All Members will receive ten (10) monthly issues of the local publication where applicable.

Date discharge checked: _____ By: _____

Dues received: _____ Amount: _____

By: _____

Card No.: _____

Mail to: WACVA National Headquarters
P.O. Box 5577
Ft. McClellan, AL 36205