



United States Army Warrant Officers Association

The Quiet Professionals®

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GENERAL PURPOSE MEMBERSHIP FORM

Place "X" in appropriate box ☐ New ☐ Rejoin ☐ Renew ☐ Data Change ☐ Chapter Affiliation

PURPOSE: To maintain organizational records. Used by National, Region, and Chapter Officers, Office Staff and Members (when approved) to generate mailing lists, Chapter and Region rosters, etc. Failure to furnish information may result in members not receiving the NEWSLINER, ballots, letters, membership longevity and other correspondence of importance to the membership.

MEMBERSHIP DATABASE INFORMATION

Rank Specialty Branch & Code

First Name MI Last Suf.

Address Date Birth (MM/DD/YYYY)

City State ZIP+4

Home Tel Cell Tel

Spouse (First Name) Referred by:

E-Mail Addresses (1) (2)

RELEASE OF INFORMATION (Place "X" in appropriate box): ☐ DO ☐ DO NOT want the above information released if requested by other USAWOA Members

☐ OPT OUT of AUSA Free Membership Benefit

CURRENT STATUS (Place "X" in appropriate box)

☐ Active Army - ☐ ARNG - ☐ USAR - ☐ Retired - ☐ Former Warrant Officer - ☐ Associate (all others)

TERM OF MEMBERSHIP (Check only one dues category please) The NEWSLINER will be delivered electronically. If you wish a paper copy there will be an additional \$36 per year, unless you're a Life Member.)

MEMBERS DUES with Electronic delivery of NEWSLINER

Regular/Assoc. ☐ 1 Yr \$45 ☐ 3 Yrs \$126 ☐ 5 Yrs \$200

RETIRED RATE ☐ 1 Yr \$30 ☐ 3 Yrs \$84 ☐ 5 Yrs \$130

MEMBERS DUES with PRINTED NEWSLINER MAILED

Regular/Assoc. ☐ 1 Yr \$81 ☐ 3 Yrs \$234 ☐ 5 Yrs \$380

RETIRED RATE ☐ 1 Yr \$66 ☐ 3 Yrs \$192 ☐ 5 Yrs \$310

☐ Life Membership Payment in full \$ OR ☐ 10 monthly payments of \$

For USAWOA Life Member rates and Discounted Dual Memberships in AAAA & USAWOA, visit the Portal via link at www.usawoa.org

☐ Check or Money Order for membership dues is enclosed. (Make Payable to "USAWOA")

☐ Charge my: ☐ VISA, ☐ MC, ☐ Discover, ☐ AMEX - Credit Card#

(No DEBIT cards, please.)

CVV Code: Expires (MM/YY)

CHAPTER AFFILIATION (Check one)

☐ Please affiliate me with a Chapter near my home.

☐ Affiliate me with the Chapter

☐ Please DO NOT affiliate me with a specific Chapter

Applicant's Signature and Date

USAWOA Form 300-1-1 (Revised August 2024) (ALL PREVIOUS VERSIONS ARE OBSOLETE)