



MAIL TO: HQ Military Order of World Wars
 ATTN: Director of Administration
 435 North Lee Street
 Alexandria, VA 22314-2301

HQ MOWW USE ONLY (ALL ITEMS MUST BE COMPLETED TO PROCESS APPLICATION)

Member Number: _____

Date Processed: _____

MOWW IS VETERANS SERVICE ORGANIZATION FOR FEDERALLY-RECOGNIZED COMMISSIONED AND WARRANT OFFICERS OF THE UNITED STATES WHO ARE SERVING OR WHO HAVE SERVED IN THE UNIFORMED SERVICES

A. APPLICANT INFORMATION

- Full Name / "Go By" Name: _____
(E.G., JOHN EDWARD JONES / Ed)
- Mailing Address: _____
(PRINT THE FULL STREET MAILING ADDRESS—INCLUDING APARTMENT OR LOT NUMBER IF APPLICABLE)
- Mailing Address: _____
(PRINT THE CITY, STATE AND ZIP CODE)
- Home Phone: (_____) _____
(PRINT AREA CODE AND TELEPHONE NUMBER, E.G., (555) 555-1234)
- Cell Phone: (_____) _____
(PRINT AREA CODE AND TELEPHONE NUMBER, E.G., (555) 555-4321)
- Email Address: _____
(EXAMPLE: COMPANIONJONES@MOWW.NET)
- Birthdate: _____
(DAY - MONTH - YEAR, E.G., 22 MARCH 1970)
- Spouse's/Partner's Full Name / "Go By" Name: _____ / _____
(E.G., JULIET ANN JONES / JULIE)

B. VETERAN INFORMATION

- Service Branch: USA USN USMC USAF USCG USPHS NOAA
- Veteran Status: ACTIVE DUTY RETIRED FORMER RESERVE NATIONAL GUARD
- Dates of Service: _____ Rank: _____
(FROM YEAR TO YEAR, E.G., 1991 - 2011) (SPELL OUT RANK, E.G., LIEUTENANT COMMANDER)

C. SPONSOR INFORMATION

- Sponsor's Full Name, Rank, Service: _____
(EXAMPLE: JOHN EDWARD JONES, LCDR, USN (RET))
- Sponsor's Chapter: _____
(EXAMPLE: BG BULTMAN CHAPTER, VA)
- *Hereditary Membership / Linkage: _____
(EXAMPLE: COL THOMAS JEFFERSON JONES, USA (RET) / PATERNAL GRANDFATHER)

D. MEMBERSHIP CATEGORIES

- | | |
|--|--|
| <input type="checkbox"/> Regular Perpetual @ 1 x \$350.00, or 4 x \$87.50 quarterly installments | <input type="checkbox"/> Regular (Annual) Membership @ \$40.00/year |
| <input type="checkbox"/> Hereditary Perpetual (≥ 21 years) @ 1 x \$350.00, or 4 x \$87.50 quarterly installments | <input type="checkbox"/> Hereditary (Annual) Membership @ \$40.00/year |
| <input type="checkbox"/> Hereditary Perpetual (≤ 20 years) @ 1 x \$200.00, or 4 x \$50.00 quarterly installments | <input type="checkbox"/> Former Regular (Annual) Membership @ \$40.00/year |
| <input type="checkbox"/> Perpetual @ 1 x \$200.00 (1 st year of commission as 2LT, Ensign, or WO) | |
| <input type="checkbox"/> Memorial Perpetual @ 1 x \$200.00 | |

ANNUAL CHAPTER DUES:	\$ _____
TOTAL AMOUNT ENCLOSED:	\$ _____

E. APPLICANT'S and SPONSOR'S SIGNATURES

(APPLICANT'S SIGNATURE AND DATE)

(SPONSOR'S SIGNATURE AND DATE)