



INTERNATIONAL ASSOCIATION OF MILITARY WOMEN OF COLOR, INC.

MEMBERSHIP APPLICATION

P.O. Box 4052, Covina, CA 91791

| MEMBERSHIP INFORMATION [PLEASE PRINT] | | |
|--|-------------|----------------------|
| NAME: (LAST, FIRST, MIDDLE) | | BIRTHDAY (Month/Day) |
| ADDRESS: | | |
| CITY/STATE/ZIP CODE | | |
| HOME PHONE: | CELL PHONE: | EMAIL: |
| MILITARY INFORMATION | | |
| STATUS: <input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Veteran <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard <input type="checkbox"/> Civilian Supporter | | |
| BRANCH: <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> U. S. Space Command | | |
| MEMBERSHIP OPTIONS | | |
| Regular/Life Membership: Military/Veteran women who support the objectives of this Association may be afforded all privileges of membership. Regular \$200/Lifetime \$1200 | | |
| Associate/Life Membership - For all persons willing to support the objectives of this Association without all privileges of membership. Associate \$50/Lifetime \$500 | | |
| Membership payment will be due 10 days upon acceptance of membership. | | |
| How did you hear about us? _____ | | |
| Download, complete, and email application to: membership@iamwoc.org | | |
| Listed are the Committees. Check all that are of interest to you: | | |
| <input type="checkbox"/> Budget & Finance <input type="checkbox"/> Constitution & By-laws <input type="checkbox"/> Conventions <input type="checkbox"/> Fundraising <input type="checkbox"/> Grants | | |
| <input type="checkbox"/> Information/Communications & Technology <input type="checkbox"/> Internal Auditor <input type="checkbox"/> Membership Services | | |
| <input type="checkbox"/> Military Affairs <input type="checkbox"/> Publicity & Public Relations <input type="checkbox"/> Scholarship <input type="checkbox"/> Strategic Planning <input type="checkbox"/> Sunshine <input type="checkbox"/> Think Tank <input type="checkbox"/> Workshop | | |

OFFICIAL USE ONLY

DATE OF MEMBERSHIP: _____ MEMBERSHIP

NUMBER: _____

FORM OF PAYMENT: _____

~EMPOWERED WOMEN, EMPOWER WOMEN~

