INTERNATIONAL ASSOCIATION OF MILITARY WOMEN OF COLOR, INC.



MEMBERSHIP APPLICATION

P.O. Box 1568, Villa Rica, GA 30180

MEMBERSHIP INFORMATION [PLEASE PRINT]	
NAME: (LAST, FIRST, MIDDLE)	BIRTHDAY (Month/Day)
ADDRESS:	T =
ADDRESS.	AT_A
	A.A.
CITY/STATE/ZIP CODE	
	15
HOME PHONE: CELL PHONE:	EMAH.
HOME PHONE: CELL PHONE:	EMAIL:
MILITARY INFORM	IATION
STATUS: ☐ Active Duty ☐ Retired ☐ Veteran ☐ Reserves ☐ National Guard ☐ Civilian Supporter	
BRANCH: ☐ Army ☐ Air Force ☐ Marine Corps ☐ Navy ☐ Coast Guard ☐ U. S. Space Command	
MEMBERSHIP OL	
Regular/Life Membership: Military/Veteran women who support the objectives of this Association	
may apply for regular membership. Regular members shall	l be afforded all privileges of membership.
Associate/Life Membership - For all persons willing to support the objectives of this	
association. However, associate membership does not include the right to make motions, vote, or hold	
elected office.	
Membership payment will be due 10 days upon acceptance of membership.	
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How did you hear about us?	
Download, complete, and email application to: membership@iamwoc.org	
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Listed are the Committees. Check all that are of interest to you:	
☐ Budget & Finance ☐ Constitution & By-laws ☐ Conventions ☐ Fundraising ☐ Grants	
☐ Information/Communications & Technology ☐ Internal Auditor ☐ Membership Services	
☐ Military Affairs ☐ Publicity & Public Relations ☐ Sch	olarship □ Strategic Planning □ Sunshine
☐ Think Tank ☐ Workshop	C 9/
OFFICIAL USE ONLY	
DATE OF MEMBERSHIP:	
MEMBERSHIP NUMBER:	
FORM OF PAYMENT:	

~INSPIRE ~ ALWAYS EMPOWER ~ MILITARY WOMEN OF COLOR ~