



Army Aviation Association of America

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United States Army Warrant Officers Association

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DUAL/SIMULTANEOUS MEMBERSHIP FORM

AAAA Place "X" in appropriate box **New** **Rejoin** **Renew** **Data Change** **Life**
USAWOA Place "X" in appropriate box **New** **Rejoin** **Renew** **Data Change** **Life**

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 Monthly Magazine, ballots, letters and other correspondence of importance to the membership. Incorrect information may result in erroneous computation of statistical & financial reports and/or credit for prior membership.

MEMBERSHIP DATABASE INFORMATION

Last five digits of your SSN [_____] Rank: [_____] MOS: [_____] Branch: [_____]
(Last 5 digits of SSN is used to identify you & are used for your member number. It is not released to anyone for any purpose)

First Name [_____] MI [_____] Last [_____] Suf [_____] Joined Service (yyymm) [_____]

Address [_____] Date Birth (yyyymmdd) [_____]

City [_____] State [_____] ZIP+4 [_____] Home Tel [_____]

Unit of Assignment [_____] Work Tel * [_____]
*(*DSN for OCONUS work phones otherwise commercial)*

Spouse (First Name) [_____] FAX Tel: [_____]

E-Mail Addresses * [_____]
(AKO – us.army.mil preferred) (If both military and civilian are used, place preferred one first)*

RELEASE OF INFORMATION: (Place "X" in appropriate box): I **DO** **DO NOT** want the above information released if requested by other members and/or to be provided to the membership-benefit companies affiliated with these organizations. (Regardless of option checked, no information is released outside of these organizations.)

CURRENT STATUS (Place "X" in appropriate box)

Active Army - ARNG* - USAR* - Retired - Former Warrant Officer - Associate (all others)
*(*AGR please check ARNG or USAR)* Male Female

CERTIFICATIONS (Place "X" in appropriate box)

I **HOLD** / **HAVE HELD** a Warrant issued to me by the Secretary of the Army (If NO check Associate above)
I **AM** / **AM NOT** entitled to wear several National Defense Medals

TERM OF MEMBERSHIP (Place "X" in appropriate box - only one dues category please)

INITIAL ONE-YEAR MEMBERSHIP FOR WO1s ONLY AT NO COST
 REGULAR/ASSOCIATE MEMBER DUES 1 Yr \$50, 2 Yrs \$100, 3 Yrs \$150, 5 Yrs \$250
 RETIRED MEMBER DUES 1 Yr \$37, 2 Yr s \$74, 3 Yr s \$111, 5 Yrs \$185

Check or Money Order for dues is enclosed, made out to "USAWOA".
 Charge my: VISA, MC, Discover, AMEX, Diner's Club

Credit Card# [_____] (No DEBIT) 3 digit sec. code: [_____] Expires mm/yy: [_____]/[_____]

CHAPTER AFFILIATIONS (Check one)

Please affiliate me with the chapters near my home.
 Affiliate me with the [_____] Chapters
 Please **DO NOT** affiliate me with any specific chapters.

Applicant's Signature and Date [_____]

Optional Sponsor or Recruiter (rank & name) [_____]