



WAVES National

WOMEN OF THE SEA SERVICES

2013 MEMBERSHIP APPLICATION

Name: _____ Phone: _____
 First Middle Maiden Last

Mailing Address: _____
 Street City State Zip Code

E-Mail Address: _____ Unit No. or MAL _____

Birthday: _____

State date of service time – From: _____ To: _____

Highest Rank/Rate Held: _____ Branch of Service: _____

OCS/Boot Camp: _____

Training schools: _____

Primary duty station: _____

Highest formal education and special talents: _____

(If more space needed use back of application)

WAVES National ID # _____ Referred by: _____
 (Not to be filled in by applicant) (Recruiter)

ANNUAL DUES \$25.00 FOR PERIOD JANUARY 1 THROUGH DECEMBER 31

New members joining after August 1 shall pay \$12.50 as pro rata dues. Regular membership shall be limited to women who have served in the US Navy, US Naval Reserve, US Navy Nurse Corps, Yeoman (F), US Coast Guard, US Coast Guard Reserve, US Marine Corps, US Marine Corps Reserve or the Merchant Marines.

New members joining through a local unit, make check for local and national dues payable to the local unit. Unit Treasurer will mail to the WAVES National Treasurer with proof of service and application form. **Members-at-Large make check payable to “WAVES National” and mail with this application to the WAVES National Treasurer:**

Monica O’Hara
6383 Kimmy Ct.
San Diego, CA 92114-5631

(Dues include subscription to the WHITE CAPS newsletter, published six times per year)

LIFE MEMBERSHIP TABLE - 90/over years (only) \$30.00

I certify that I meet the eligibility requirements of WAVES National and that I can produce a copy of my military identification or DD 214 upon request.

_____ **(Applicants Signature & Date)**

Donations to WAVES National are tax deductible. A donation in the amount of \$_____ is included, in addition to dues.