



**APPLICATION FOR MEMBERSHIP  
IN THE  
CHIEF WARRANT AND WARRANT OFFICERS ASSOCIATION  
United States Coast Guard**

Marina;  
Attn: CWO Association, USCG  
12 Brookley Ave. S.W.  
JBAB Washington, DC 20032

TELEPHONE  
(202) 554-7753

I enclose \$7.00 to cover one month's dues in advance of your receipt of my allotment. I will establish a monthly allotment in the amount \$7.00 per month payable to the Association (**Blanket Code 015**), commencing with the month of \_\_\_\_\_, 20\_\_.

I enclose \$84.00 dues for oneyear membership.

**PLEASE PRINT NEATLY, when complete email to [cwoauscg@cwoauscg.org](mailto:cwoauscg@cwoauscg.org)  
or mail to the address above.**

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial) (Date Appointed) (Rank) (Specialty)

Email address \_\_\_\_\_

Date of birth \_\_\_\_\_ Shirt size: \_\_\_\_\_

I am:  Active Duty Regular  Reservist  Retired Regular  Retired Reserve

Current Duty Station: \_\_\_\_\_ Date Reported \_\_\_\_\_

Please mail my newsletter to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sponsored by: \_\_\_\_\_  
\_\_\_\_\_

**(PLEASE PUT WHAT CHAPTER YOU BELONG TO AND THE PERSON WHO ASKED YOU TO JOIN)**

**Designation of Beneficiary**

In the event of my death, I desire my death gratuity be paid to the principal beneficiary (ies) named below:

In the event my principal beneficiary(ies) predeceases me, then I desire my death gratuity be paid to the contingent beneficiary (ies) named below:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

Mr. Number: \_\_\_\_\_ Received \$ \_\_\_\_\_ Received first allotment payment on \_\_\_\_\_

Received on: \_\_\_\_\_ Entered EDP on \_\_\_\_\_ Membership effective on: \_\_\_\_\_