



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 one year membership.

PLEASE PRINT NEATLY, when complete email to cwoauscg@cwoauscg.org or mail to the address above.

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

Email address _____

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

Mbr. Number: _____ Received \$ _____ Received first allotment payment on _____

Received on: _____ Entered EDP on _____ Membership effective on: _____