

Application for Membership (PLEASE PRINT) Check Applicable box:  New  Renewal  Reinstated

## WOMEN MARINES ASSOCIATION – INDIANA CHAPTER (IN1)

I certify that I am an active member of the National Women Marines Association (**Required before joining state chapters**)

For information regarding the National Women Marines Association [www.womenmarines.org](http://www.womenmarines.org)

For information regarding the Indiana Chapter of the Women Marines Association –

[http://www.indymarines.org/pages/wma\\_in-1.htm](http://www.indymarines.org/pages/wma_in-1.htm)

National dues paid through what date?				Life Member Number:	
Name:	Last	First	M.I.	Service/Maiden	
Address:	Street	City	State	9-Digit Zip	
E-Mail Address		DOB: MM/DD/YYYY	Telephone		
Next of Kin			Address:		
Dues include Newsletter and Minutes of Chapter Meetings as well as other pertinent Chapter information.					
Enclosed Dues: \$	Check One Box:	1 Year - \$5	2 Years-\$10	Other:	
Signature:				Date:	
Enrolled by (if applicable):					

Make check payable to WMA IN-1 and mail with application to:

Diana Ward  
8310 W. 88<sup>th</sup> St  
Indianapolis, IN 46275