

THE NATIONAL ASSOCIATION OF BLACK MILITARY WOMEN

MEMBERSHIP APPLICATION



MEMBERSHIP REQUIREMENTS

Membership is open to all individuals - regardless of race, age, creed or color - who have served in the past or are currently serving in the U. S. military (Army, Air Force, Coast Guard, Marines, Navy, Space Force, National Guard, Reserve, Retired or Veteran) and to civilians who support the objectives of this organization.

MEMBERSHIP CATEGORIES

- **Life & Regular Membership** - For those military women willing to support the objectives of this association. It includes the right to make motions, vote and hold elected office.
- **Associate Membership** - For all persons (family, friends and other military or non-military) willing to support the objectives of this association. It does not include the right to make motions, vote or hold elected office.

(Please print out this form , fill in the necessary information and mail/email as indicated below)

NAME _____ RANK _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (H) _____ (Cell) _____

EMAIL ADDRESS _____

SIGNATURE _____ DATE _____

NEW MEMBER APPLICATION RENEWAL APPLICATION

MEMBERSHIP DUES: **Regular** - \$25/year **Life**- \$500 (may pay in \$100 installments) **Associate** - \$15/year

CURRENT MILITARY STATUS:

Air Force Army Coast Guard Marines Navy
National Guard Space Force Reserves Retired Veteran
N/A

Current Rank: _____

CHAPTER I WANT TO JOIN:

Atlanta, GA Brooklyn, NY Dallas, TX DMV(District of Columbia, Maryland & Virginia)
Charleston, SC Chicago, IL New Jersey New Orleans, LA Houston, TX
Los Angeles, CA New York City, NY San Antonio, TX Other/At-Large

CIVILIAN STATUS (For Associate Member Applicants)

Spouse Decendant Dependent N/A Other _____

Pay by *Check, Credit Card* or on-line via *PayPal, Zelle or CashApp* on our website at www.nabmw.org/membership

Make check payable to: "NABMW" or Charge to the following Credit Card (CHECK ONE)

VISA MASTER CARD AM EX DISCOVER AMOUNT \$ _____

ACCOUNT # _____ EXP DATE(mm/yy) _____ SCN(*on back*) _____

NAME ON CARD (PRINT) _____

SIGNATURE _____ TODAY'S DATE _____

MAIL TO: **NABMW c/o Blossom Ferguson, P.O. Box 110405, Cambria Heights, NY 11411**

EMAIL TO: **bloslaine45@aol.com**

visit us @ NABMW.org/membership