

WOMEN'S OVERSEAS SERVICE LEAGUE



UNIT _____

(Please print or type answers)

New Member _____

Reinstated Member _____

Member -at- Large _____

**MEMBERSHIP
APPLICATION**

(First name) (Middle Name) (Last Name) (Maiden Name)

Number & Street Apt

City & State Zip

(mailing address if different than above)

Telephone Number (_____) _____ Birthday: _____
(day) (month) (year)

Email Address _____

Entered service _____ Service: Civilian / Military
(city - state) (circle one)

Military Branch/Corps _____
Or (rank and date of separation)

Civilian Job Title _____

Countries & Dates Of Overseas Service: _____

Document or evidence verifying overseas service: _____

Emergency Data: _____
(name) (relationship)

(address, city, state, zip) (telephone)

I have read the purpose of the Women's Overseas Service League and subscribe to it fully

Applicant's signature

Date

UNIT _____

NOTE: Please ensure that all the questions are answered.

I have checked the foregoing information for a new member and found valid the proof of overseas service. For a reinstated member I have verified the last year of membership was _____ and the unit was _____. The information is in accordance with the requirements of the bylaws and rules of procedure of the Women's Overseas Service League. I hereby submit one copy of this application to the national membership committee for approval and enclose a unit check payable to WOSL for national membership dues.

Date: _____ Approved: _____
(Membership Chair or President)

Telephone () _____
Address _____

check # _____
amount _____ date _____

AREA MEMBER (Area _____)

I have examined and found valid confirmation of overseas service. I have reviewed the information in this application and found it in accordance with the requirements of the bylaws and rules of procedure of the Women's Overseas Service League. I recommend this applicant for membership and submit one copy of this application to the national membership committee, enclosing the applicant's check payable to WOSL.

Date: _____ Approved: _____
(Director of _____ Area)

check # _____
amount _____ date _____

I have examined this application and approve the applicant for membership in the Women's Overseas Service League. I enclose the check for national membership dues and request the membership administrator to process this application, forwarding the check to the Treasurer and a membership card to the unit/area, as applicable. I have sent a notice of election to the "Carry On" and retained a record of this application in my files

Date: _____ Approved: _____
(Vice President/Membership Chair)

Date records processed: _____ Membership card mailed: _____
Date check forwarded to Treasurer: _____