



THE  
WOMEN'S  
MEMORIAL

Women In Military Service For America Memorial Foundation, Inc.

# Field Representative Application

\_\_\_\_ Ms. \_\_\_\_ Mrs. \_\_\_\_ Mr. Rank: \_\_\_\_\_ Member # (if applicable): \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

If you serve/served in the military, please list:

Military Branch: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Circle Appropriate:	Active Duty	Retired
	Reserve	Guard
		Veteran

Occupation: \_\_\_\_\_

Special skills or other information of interest:

\_\_\_\_\_

\_\_\_\_\_

If you are on active duty, please list the name and address of your Commander so we can recognize your efforts to your superiors.

\_\_\_\_\_

\_\_\_\_\_

*All eligible Field Reps must be registered in the Memorial. If you have not yet received your registration number, or have not yet registered, please contact the Women's Memorial at 800-222-2294.*

Please list three local publications (community or base newspapers, alumni newsletter, etc.,) where we can announce your appointment as a Field Rep.

**Publication:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Publication:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Publication:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This application must include a signed Field Rep Agreement.

Office Use: \_\_\_\_\_

DFO: \_\_\_\_\_ Call Contact: \_\_\_\_\_

Sent Packet: \_\_\_\_\_