Women In Military Service For America Memorial Foundation, Inc.

REG

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This form can be used to register eligible women, update or correct existing records, or donate to the Women's Memorial Foundation. Please complete all applicable fields. ***Donations, while always appreciated, are not required.***

Submitter Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____

Evening Phone: (____) _____

E-mail: _____

Donations

☐ I am contributing to the Memorial Fund $_____

$5 $10 $25 $100 Other: _____

☐ I am sponsoring a name for registration: $_____

_____ name(s) at $_____ *($25 suggested per name)*

☐ I am registering myself $_____ *($25 suggested min.)* $_____

Total Enclosed: $_____

Method of Payment

☐ Check enclosed (Payable to the Women's Memorial)

☐ Charge my (please circle one):

VISA MC DISCOVER AMEX

Card #: _____

Expiration Date: _____/_____
Month *Year*

Name: _____
As it appears on the card

I would like to designate my contribution in honor/memory of the following individual or organization (optional): _____

_____
Address if known

_____

_____

Your contribution is tax deductible to the full extent the law allows.

Computer Registration Data

For women veterans, Active Duty, Reserve, Guard, USPHS, "We Also Served" (e.g. USO and Red Cross), and all servicewomen living or deceased.

Please Print or Type All Information

Member ID #: _____

Name: _____
Maiden Name in ()

Address: _____
If deceased, last known address

City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____

Evening Phone: (____) _____

E-mail: _____

Birth Date: _____/_____/_____
Month *Day* *Year*

Date of Death: _____/_____/_____
Month *Day* *Year*

Place of Birth: _____
City/State

Hometown: _____
City/State

Highest Rank: _____

Service *(circle one)*: USA USMC USN
USAF USCG USPHS Guard
Reserve Other: _____

☐ Retired from military service ☐ Nurse Corps

Service Dates

Multiple entries for Active, Guard or Reserve Duty or breaks in service.

From: _____ To: _____ Service: _____

From: _____ To: _____ Service: _____

From: _____ To: _____ Service: _____

From: _____ To: _____ Service: _____

Military Decorations: _____

_____

_____

_____

Memorable Military Experience (Use additional paper, if needed.):

_____

_____

_____

_____

☐ Photo taken in uniform enclosed, if available.

The woman being registered is (indicate relationship):

_____

Please return ENTIRE form.

Revised 12/27/06