

Application for membership in Loyal Escorts of the Green Garter

The Auxiliary of the Women Marines Association

LOYAL ESCORT MEMBER APPLICATION

APPLICANT INFORMATION

Name: _____

Date of birth: _____ Phone: _____ Cell: _____

Current address: _____

City: _____ State: _____ ZIP Code: _____

Email: _____

New
 Renew
 Reinstated
 Life (Sponsor must be Life member)

SSN# (last 4 digits only)

2 yr \$30 Life 40 and under - \$180 41-45 - \$150 46-60 - \$130 61-70 - \$105 71-80 - \$80 81+ \$55

SPONSOR INFORMATION

WMA Sponsor Name: _____ Recruited by: _____

Chapter Affiliation: _____

Do you live with sponsor? Y N Sponsor Life Member # if applicable _____

EMERGENCY CONTACT

Name of a relative not residing with you: _____

Address: _____ Phone: _____

City: _____ State: _____ ZIP Code: _____

Relationship: _____

SPOUSE/SIGNIFICANT OTHER INFORMATION IF APPLICABLE

Name: _____

Date of birth: _____ Email: _____ Phone: _____

SERVICE INFORMATION IF APPLICABLE

Dates of Service _____

Branch: _____ How long? _____

MOS _____ Duty Stations: _____

ABOUT MYSELF

How did you hear about the Loyal Escorts? _____ Recruited By: _____

SIGNATURE

Signature of member: _____ Date: _____

Make checks payable to **Loyal Escorts of the Green Garter**
 Mail to: Michael Pearce, 1645 E. Madge Ave., Hazel Park, MI 48030