



PO Box 21694 Bullhead City, AZ 86439 (928) 225-0302 or (928) 201-0319

## **Membership Application Form (please print)**

**Annual Membership fee is \$5.00 for all Regular Members and Associate Members**

*\*\*The membership fee is nominal so that we may be able to include all those who have a heart for our military and our veterans. A membership year runs from January 1 to December 31. \*\* Dues are payable by January 31<sup>st</sup> of the membership year or at the time of the membership application*

**Regular Membership:** Open to any adult female who has served in the military or currently has/ had an immediate family member(s) in one of the branches of military service as an active duty serviceman or woman.

**Associate Membership:** Open to any adult female who has no connection to an immediate family member who has served in one of the branches of military, but wish to support the organization and its purpose.

Applicant's Full Name \_\_\_\_\_ Optional BD M/D \_\_\_\_\_

Address \_\_\_\_\_

EMAIL Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Application for Regular Membership** *\*Please list service connection Use reverse side if needed*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Rank \_\_\_\_\_ Branch of Service \_\_\_\_\_ Optional BD M/D \_\_\_\_\_

Currently serving \_\_\_\_\_ Deployed \_\_\_\_\_

Veteran \_\_\_\_\_  KIA \_\_\_\_\_  Deceased \_\_\_\_\_

**Application for Associate Membership** (please complete all applicable fields)

*I understand that membership will allow the Tri-State Military Moms, Inc. to add my information to their roster for distribution to its members.*

*Signature of applicant* \_\_\_\_\_

Date Received \_\_\_\_\_ Paid  Cash  Check # \_\_\_\_\_ Amount \_\_\_\_\_

Received by \_\_\_\_\_