

BOARD MEMBERS

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Vacant	Director
Vacant	Director

We assist you. Your service counts. Thanks.

September/2016

Dear New Member Applicant:

Welcome! Please complete the form below, attaching confirmation of your service, or go online to: www.OARS4Vets.org/member. Include and mail check payable to: OARS for Women Veterans

Your annual \$30 membership fee covers your membership packet and member benefits, and is tax deductible donation to the fullest extent of the IRS code. We are an IRS 501(c)3 nonprofit and are registered with Washington State Secretary of State — <http://www.sos.wa.gov/charities/>

INCLUDE copy of government id -verifying military service. **DO NOT include:** social security number.
 We truly do appreciate your service!

Thank You,
 Membership Committee
 If you have questions or need assistance, please call (206) 554-9600.
 Phones are answered by volunteers irregularly so please leave your number and contact information.

OUTREACH AND RESOURCE SERVICES FOR WOMEN VETERANS

MEMBERSHIP APPLICATION

APPLICANT INFORMATION *

Name:	Phone
Mailing address:	
City/State/Zip	Email

MILITARY HISTORY INFORMATION *

Branch of Service: *(Please circle)*
 US Army US Air Force US Navy US Marine Corps US Coast Guard National Guard Bureau (Air / Army)

Years of service
 Duty stations/ Medals/ Ribbons/ Citations

Do you want your information in the "Member Directory"? YES _____ Please initials

SIGNATURES

I authorize the verification of the information provided on this form for membership purposes and have attached the appropriate paperwork. I have kept a copy of this application.

Applicant Signature	Date:
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Verified ID by OARS Staff

**Driver License
 Veterans Card
 Retirement Card/Branch**

* Note: This is required information for membership, as we are a women veterans' non-profit organization. Our treasurer and webmaster will keep these records on file. We **DO NOT** distribute any of your personal information to anyone or any entity, unless agreed. Mbr/0916,jes