

Please attach a check or money order in the amount of \$ 15.00 made payable to the Women Veterans of New Mexico for you annual dues. Dues are renewable on an annual basis in January. DUES MAY BE WAIVED ON A CASE-BY-CASE BASIS



For WV of NM use ONLY
 Date: _____
 Fee: _____
 Event: _____
 Entered/approved: _____

3301 Monroe NE #L120, Albuquerque, NM 87110
 (505) 610-0787 www.womenveteransofnewmexico.com

****Application for Membership****

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ E-Mail: _____

Type of Application: New () Renewal ()

Date of Birth: ____/____/____ year does NOT have to be known.

Date of Enlistment/Commissioning: ____/____/____

Date of Discharge/Separation/Retirement: ____/____/____ Active Duty ____

I hereby apply for Membership in the Women Veterans of New Mexico Organization, and I have served honorably or currently serving in (circle one): Army, Air Force, Coast Guard, Marine Corps, Navy; Reservist having been active duty for at least 30 days.

I, _____, in the presence of my peers, do solemnly swear or affirm that I will uphold and defend the Constitution and Laws of the United States of America and the Women Veterans of New Mexico. I will never knowingly deceive or defraud the Organization to the value of anything. I will never knowingly wrong or injure or permit any member or any member's family to be wronged or injured if to prevent the same is within my power. I will never propose for membership one known to me to be unqualified or unworthy to become a member of the Organization. I further promise to govern my conduct in the Organizations affairs and in my personal life in a manner becoming a decent and honorable person and will never knowingly bring discredit to the Organization.

 Sponsor (Where applicable)

 Applicant's Signature

 Print Sponsor Name