



**WIMMA**  
WOMEN MARINES ASSOCIATION

**GA-1**  
DOGWOOD OF ATLANTA

**YOUR INFORMATION**

LAST NAME: \_\_\_\_\_ FIRST NAME \_\_\_\_\_

SERVICE LAST NAME: \_\_\_\_\_ SERVICE DATES: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ LIFE MEMBER NUMBER \_\_\_\_\_

TERM MEMBERSHIP EXPIRATION DATE: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**KNOWN ALLERGIES:** \_\_\_\_\_

**BLOOD TYPE:** \_\_\_\_\_ **\*OPTIONAL\***

**NEXT OF KIN (NOK) INFORMATION AND/OR ALTERNATIVE CONTACT**

RELATIONSHIP (PARTNER, FRIEND, RELATIVE, ETC) \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ / \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**OTHER MILITARY AFFILIATIONS:** \_\_\_\_\_

\_\_\_\_\_

**Mail dues to: Johnetta Williams GA-1 President  
2690 Avanti Way Decatur GA 30035**





**WIMIA**  
WOMEN MARINES ASSOCIATION

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DOGWOOD OF ATLANTA
