



Date Rcvd _____
Check # _____
Cash ___ Credit ___

MEMBERSHIP FORM 2022 - 2023

Name: _____ (Rank/Grade if applicable): _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____ Month/Day of Birth: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Membership Eligibility Information (REQUIRED) Please check category as applicable at Rock Island Arsenal:

- | | |
|---|--|
| <input type="checkbox"/> Active-Duty Military or Spouse | <input type="checkbox"/> Active/Retired Department of Defense (DoD) Civilian or Spouse |
| <input type="checkbox"/> Retired Military or Spouse | <input type="checkbox"/> Active/Retired Contract Employee/Spouse |
| <input type="checkbox"/> Reserve Military or Spouse | <input type="checkbox"/> Active/Retired Tenant Activity or Spouse |
| <input type="checkbox"/> National Guard or Spouse | <input type="checkbox"/> Former/Current RIAWC Member no longer associated with RIA |
| <input type="checkbox"/> POW/MIA or Spouse | <input type="checkbox"/> Active Volunteer in a Rock Island Arsenal Organization |
| <input type="checkbox"/> Spouse of Deceased Military Member | |

The following is for protocol purposes only and is optional:

Rank/Grade/Name of Spouse: _____

Check all that apply to your Spouse: Active Duty/Reserve/Guard Retired DoD Civilian Other

Unit or Tenant Organization Affiliation: _____

Permission to include this information in the RIAWC Membership Directory? Yes No

Do you have any special dietary needs we need to be aware of? _____

Are you interested in serving on the RIAWC board? Yes No

Area of interest and experience: _____

Are you interested in serving on one or more of the following committees?

- Arsenal Attic Thrift Shop Committee Budget Committee Community Support Committee
 Fundraising Committee Nominating Committee Luncheon Committee Scholarship Committee

Scholarship Eligibility (Optional)

Do you have a dependent child graduating from High School in Spring 2023? Yes No

Do you have a dependent child who will attend college in 2022-2023 (Continuing Education Student)? Yes No

APPLICATION SUBMISSION

Receipt of this form and dues of \$30 will initiate your RIAWC for the 2022-2023 year.
 Check: Make payable to RIAWC and return form to the Membership Chair RIAWC
 P.O. Box 3186, Rock Island, IL 61204-3186

Credit Card: Email a copy of this form to RIAWCMembership@gmail.com
 An invoice to pay \$31.25 (card fee \$1.25) will be emailed to you

RIAWC is a private, not for profit non-federal entity. It is not a part of the Department of Defense or any of its components and has no governmental status. (Guided by, DODI 1000.15, issued Oct. 24, 2008). As a 501(c)(4) organization, membership and fundraising contributions are not charitable tax deductions. A business deduction may be applicable.