

# EWA MEMBERSHIP APPLICATION

I understand that my dependent(s) listed below, and I will join EWA commencing on the date mentioned below. I further understand that full membership is contingent upon presentation of official travel orders to serve in U.S. Embassy Tokyo or Consulates of Nagoya, Fukuoka, Osaka, Naha, or Sapporo as well as the acceptance of the Membership Regulations in addition to the payment of dues. Undersigned Member is entitled to privileges and benefits of EWA Membership.

**Name of Direct Hire** \_\_\_\_\_

**\*Please provide a copy of your travel orders that shows your assignment under the Chief of Mission.**

**Mr. / Ms.** \_\_\_\_\_ / \_\_\_\_\_  
(Please circle one)      First Name in Print      Last Name in Print

\_\_\_\_\_  
Signature      Today's Date

Compound/Off-Compound Address \_\_\_\_\_

Work Section \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address 1 \_\_\_\_\_ @ state.gov

**Would you like to join our facebook page? If yes, please provide your facebook email address**    **Yes/ No**

Email Address 2 \_\_\_\_\_ @

\*Email is the primary communication method from the EWA Office.

**Term: From** \_\_\_\_\_ **To** \_\_\_\_\_ **(TDY?  Yes  No)**

**Name(s) and Age of Dependent(s) at Post:**

Spouse Name: **Mr. / Ms.** \_\_\_\_\_ / \_\_\_\_\_  
First Name      Last Name

**Spouse is Direct Hire as well?**       Yes       No

Email Address \_\_\_\_\_ @

\*The price of dues is: \$100 for singles, \$175 for couples, \$300 for families and \$40 for consulate employees. Dues are charged annually beginning in August and are prorated depending on date of arrival and departure. TDYs are charged \$15 a month (EWA Bylaws Section 9, Clause B.)

**Child(ren)'s name(s):**      \*Please write email address(es) if they are older than 17 years of age.

- 1. \_\_\_\_\_ (age \_\_\_\_\_) Email: \_\_\_\_\_ @ \_\_\_\_\_
- 2. \_\_\_\_\_ (age \_\_\_\_\_) Email: \_\_\_\_\_ @ \_\_\_\_\_
- 3. \_\_\_\_\_ (age \_\_\_\_\_) Email: \_\_\_\_\_ @ \_\_\_\_\_
- 4. \_\_\_\_\_ (age \_\_\_\_\_) Email: \_\_\_\_\_ @ \_\_\_\_\_

\*\*\*\*\* OFFICE USE \*\*\*\*\*

Annual Dues: \$ \_\_\_\_\_

(Orders Reviewed and Verified)

Processed by \_\_\_\_\_

Approved by \_\_\_\_\_  
Tyler Roth / Administrative Operations Manager

**Your EWA Membership Number**

Please provide cashier the following number when you shop at the EWA Store.

**Note: EWA operates under the guidelines of 6FAM540 and EWA bylaws, which limits purchases in our store only to those meeting duty free privilege and membership criteria.**

