



**The Salvation Army Women's Auxiliary
2025-2026 Membership Application**

APPLICANT INFORMATION

Date: _____

Mr. & Mrs. Dr. & Mrs. Mrs. Ms. Miss

Name (as to be printed in directory):

Last Name: _____ First Name: _____

Occupation: _____ Month and Day of Birth: _____

Spouse Last Name: _____ Spouse First Name: _____

Address: _____

Telephone #: _____ Email: _____

Please check if you do not wish to be included in the upcoming Auxiliary directory

How did you hear about SAWA? _____

MEMBERSHIP LEVEL

I would like to join at the following rank of membership:

*Annual membership is from October 1st – September 30th (fiscal year); if joining date is after July 1, 2026, membership fee will cover through the 2026-2027 fiscal year.

_____ Annual Membership (\$85.00 per fiscal year)

_____ Lifetime Membership (\$1,000)

PAYMENT INFORMATION

CHECK (made out to The Salvation Army Women's Auxiliary (or SAWA) enclosed: \$ _____

Check #: _____

CREDIT CARD

_____ \$ Amount _____ Master Card _____ Visa

Name on Card: _____ Card# _____

CVV Code _____

CASH \$ _____ paid on _____ (date)