WWRM (WWII FAMILIES FOR THE RETURN OF THE MISSING)

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MEMBERSHIP APPLICATION

TYPE OF MEMBERSHIP:

FAMILY MEMBER_____ GENERAL INTEREST_____ WWII VET:_____

ABOUT YOU:

NAME:_____

ADDRESS:_____

TELPHONE:_____E-MAIL:_____

HAVE YOU OR A FAMILY MEMBER DONATED DNA?:_____

RELATIONSHIP TO SERVICE MEMBER:_____

ABOUT MISSING SERVICE MEMBER:

NAME:_____

SERVICE NUMBER:_____

HOME STATE OF ENLISTMENT:_____

WHAT YOU WOULD LIKE US TO KNOW ABOUT THE SERVICE MEMBER AND HOW WE CAN HELP YOU:_____

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