Nuclear Weapons Technicians Association
c/o Neil Zampella
454 High River Crsg #104
Ellijay GA 30540-4475

NWTA Membership Application

Name: _____

Address: _____

City/St/Zip: _____

Membership Type: ___ Annual ($20) ___ Lifetime ($200) ___ Associate ($24)

Email Address: _____

Requested Username: _____

Phone Numbers – Home: _____ Mobile: _____

Date of Birth: _____ Military Status: _____
YYYY-MM- DD Active Duty /Retired/Hon Discharged/Civ

Last Rank Held: _____ A/D Service Date: _____
E1/O1/CIV YYYY-MM-DD

Retirement/Separation Date: _____ Last AFSC Held: _____
YYYY-MM-DD

List Duty Stations: _____
Please include dates

_____

List a Short BIO: _____

_____

Associate Membership Requests – List the reason(s) you wish to join the NWTA:

_____

_____

Please send this form, with a check for the membership fee at the level you wish to join, to the address listed at the top of the form. Please note: your information will be verified prior to approval. If we cannot verify your information your check will be returned.