

# Jewish War Veterans of the USA Membership Application

- Complete all 6 steps, including questionnaire on back.
- Questions? Contact us at membership@jwv.org and 202-265-6280.

Mail this form along with copies of military documents and payment to: Jewish War Veterans of the USA  
1811 R Street NW,  
Washington, DC 20009

## 1. Armed Forces Service

- Air Force    Army    Coast Guard    Marines  
 Merchant Marines    Navy  
 Reserves [must have been activated]  
 National Guard [served in a war effort]

Served in Allied Nation Military?

- No    Yes - If yes, see Associate membership

If none of the above apply, please see Patron application

War/Campaign

- WW2  
 Korea  
 Vietnam  
 Cold War  
 Gulf War & Post-Gulf War  
 Global War on Terror

Rank: \_\_\_\_\_

Date of Discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm / dd / yyyy

Date of Entry: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm / dd / yyyy

Unit Designation: \_\_\_\_\_

(Company, Regiment, Division, Ship, Station, etc.)

## 2. Proof of Eligibility:

- If you are an in-service applicant, proof of active duty status.  
 If you are a veteran, a copy of your DD-214, honorable discharge papers, or equivalent.

## 3a. Membership Type: What are you applying for?

- In-Service: Membership for active-duty personnel.  
 Regular: Annual membership of Jewish War Veterans.  
 Associate: Annual membership for Jewish veteran whose service was not during a war, or who served on an Allied force and later became an American citizen.  
 Life: Investment in lifelong membership.  
 Regular Life  
 Associate Life

## 3b. Membership Dues: Cost and payment options

- In-Service: FREE   Your post #: \_\_\_\_\_  
 Regular or Associate (Post sets dues amount)  
\$ \_\_\_\_\_   Your post#: \_\_\_\_\_  
 Life: Choose your investment option  
 \$500: Single payment in full  
 Three-payment investment plan: \$200-enclosed  
\$150-billed next year/\$150-billed the following year

## 4. Sponsor information

\_\_\_\_\_  
Name of Sponsor:

\_\_\_\_\_  
Sponsor Signature:

- I do not have a sponsor. I give my permission for JWV to release my name and contact information to a sponsoring member.

"I am of the Jewish Faith and have been honorably discharged or am currently serving in the Armed Forces of the United States of America."

\_\_\_\_\_  
Your Signature:

## 5. Your information

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zipcode \_\_\_\_\_

Date of Birth \_\_\_\_\_  
mm/dd/yyyy

Email \_\_\_\_\_

Cell \_\_\_\_\_

Home Phone \_\_\_\_\_

Ever a member of JWV?    No    Yes, in Post# \_\_\_\_\_

Check if you DO NOT wish to receive news and updates from JWV.

## 6. Payment:

Amount being paid \$ \_\_\_\_\_

- Check   *Make checks payable to Jewish War Veterans*  
 Amex    Visa    Mastercard    Discover

Card No. \_\_\_\_\_ Ex Date \_\_\_\_\_

Signature \_\_\_\_\_