

CATHOLIC WAR VETERANS & AUXILIARY

OF THE UNITED STATES OF AMERICA, INC.

PHONE: 703-549-3622

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MEMBERSHIP APPLICATION

I hereby apply for membership in the Catholic War Veterans or Auxiliary

<u>For CWV Membership (Veterans)</u> - I certify that I am an American citizen, a practicing Catholic and have served in the United States Army, Navy, Marine Corps, Coast Guard, Air Force, or Reserve / National Guard component or Merchant Marine for at least 90 days Active Duty or served less than 90 days because of a disability incurred in the line of duty, and possess a discharge under Honorable conditions, and/or am now on Active Duty.

<u>For CWV Auxiliary Membership (family members)</u>- *I certify that I am a Catholic, a citizen of the United States, and am related within two degrees to a veteran, or a currently serving member, of the US Armed Forces.*

Applicant's Name	Da	te of Birth
Street Address		
City	State	ZIP
Phone Number	E-mail Address	
For CWV Membership: Branch of Service _	I	Date Entered Service
Type of Discharge	Date Discharged	
For CWV Auxiliary Membership: Veteran's	s name related to _	
Relationship to veteran named above		
Name of Church where you were baptized _		
City	State	
Applicant's Signature		Date
Check membership type desired:		
Membership in the CWV National Ho Check this option if you do not have a		or Auxiliary Unit (Member-at-large) rea. Annual Dues are currently \$30.00 per year.
Membership in the local CWV Post mail be forwarded to the Post nearest to your he contacted by that local Post. When your membership card will be given to, or sent	ome address. Upon pership is approved	and they have processed your dues payment,

Mail completed application to the address at the top of this page (if selecting National HQ Post membership, please remit your dues payment check of \$30.00. Make payable to: CWV, USA)