



CATHOLIC WAR VETERANS

OF THE UNITED STATES OF AMERICA, INC.

NATIONAL HEADQUARTERS
237-20 92nd Rd
Bellerose, NY 11426
TELEPHONE (703) 549-3622

LIFE MEMBERSHIP APPLICATION

(Revised August 2022)

At a meeting of _____ Post No. _____ on _____,
(Post Name) (date)

the membership approved a Life Membership in the Catholic War Veterans of the USA, Inc., for:

NAME OF MEMBER: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER:(_____) _____

EMAIL ADDRESS: _____

LIFE MEMBERSHIP FEES

Attained Age	Total Amount	National (50%)	Department (25%)	Chapter (15%)	Post (10%)
20-30	\$525.00	\$262.50	\$131.25	\$78.75	\$52.50
31-50	\$500.00	\$250.00	\$125.00	\$75.00	\$50.00
51-60	\$400.00	\$200.00	\$100.00	\$60.00	\$40.00
61-70	\$300.00	\$150.00	\$75.00	\$45.00	\$30.00
71-80	\$225.00	\$112.50	\$56.25	\$33.75	\$22.50
81+	\$200.00	\$100.00	\$50.00	\$30.00	\$20.00

LIFE MEMBERSHIP APPLICATION (continued)

Three separate (3) checks are to be included with this application (see pg 1 for amount due to each Echelon):

- One (1) made payable to CWV, USA (National Department)
- One (1) made payable to your state Department
- One (1) made payable to your Chapter (if applicable)

In the event no Chapter exists, then the Post would get the additional funds.

Signature of Post Commander or Adjutant: _____

This application (must be accompanied by all checks) must be sent through Echelons: Post sends to Chapter; Chapter sends to Department; Department sends to National.

POST: Date Received: _____

Check No: _____ Check Date: _____ Amount: _____

Date Forwarded to Chapter: _____

CHAPTER: Date Received: _____

Check No: _____ Check Date: _____ Amount: _____

Date Forwarded to Department: _____

DEPARTMENT: Date Received: _____

Check No: _____ Check Date: _____ Amount: _____

Date Forwarded to National: _____

MAIL LIFE MEMBERSHIP CARD TO:

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

FOR NATIONAL DEPARTMENT USE ONLY

NATIONAL COMMANDER SIGNATURE _____

NATIONAL APPROVAL DATE _____