



CATHOLIC WAR VETERANS AUXILIARY

OF THE UNITED STATES OF AMERICA, INC.

237-20 92nd Rd.

Bellerose, NY 11426

703-549-3622

admin@cwv.org

LIFE MEMBERSHIP APPLICATION

At a meeting of Auxiliary Unit _____

Please print Auxiliary Unit **NAME** and **NUMBER**

on _____ the membership approved **Life Membership** in the **Catholic War**

Date

Veterans Auxiliary for:

Name of Member: _____

Address: _____

City/State/Zip Code: _____

The Life Membership Fee is \$175.00 Please submit **three** checks with the application.

1. Payable to **CWVA National Department** in the amount of \$100.00
2. Payable to the **State Department** in the amount of \$50.00
3. Payable to the **Unit** in the amount of \$25.00

If the submitting Auxiliary Unit is **not under jurisdiction of a State Department**, the full amount of **\$150.00** should be sent to the **CWVA National Department**.

Signatures: Post Commander _____

Auxiliary President _____

Priest/Chaplain _____

Application **must be forwarded thru echelons** if the Auxiliary is under such echelon jurisdiction. This is for informational purposes **only**. The applying Auxiliary Unit does **not** need the approval of their application from a State Department.

Date Received by:

Chapter _____

Department _____

Mail Life Membership Card to:

Name: _____

Address: _____

City/State/Zip Code: _____