



Be Part of a Great Jewish American Tradition of Service
Become a Member! Join the Jewish War Veterans of the USA

For more information about JWV, visit our website at: www.jwv.org

Please complete this form, and send it along with your payment and one proof of eligibility.

All fields required

Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ State _____ Zipcode _____

Phone _____ Cell _____

E-mail _____

Ever a member of JWV? No

Date of Birth / /
mm dd yyyy

Yes, in Post No. _____

Date of Entry / /
mm/dd/yyyy

Date of Discharge (if known) / /
mm/dd/yyyy

Served in Allied Nation Military? Yes No

Branch of Service Army Navy Air Force Marines Coast Guard Merchant Marines

Rank _____ Unit Designation _____
(Company, Regiment, Division, Ship, Station, etc.)

Enclosed is **ONE** of the following proof of eligibility (only one proof required):

- If you are a veteran or in-service military applicant, a signature from a sponsor
- If you are a veteran, a copy of your DD-214 or discharge papers
- If you are an in-service applicant, proof of in-service military

Membership level you are applying for:

* Post determines Membership fee

- In-Service - Free
- Active with Post _____ *
- At-Large (Post 100) - \$50
- Associate with Post _____ *
- Life - \$500
 - \$500 - Paid in full now
 - \$200 Paid now, \$150 pay 2nd year, \$150 pay 3rd year.

Name of Sponsor or Certified by:

Sponsor or Certified by Signature:

"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:

Amount being paid \$ _____

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

Card No. _____ Expiration Date _____

Signature _____

Mail your completed form with payment and proof of eligibility to:

JWV National Headquarters
Attn: Membership Department
1811 R Street, NW
Washington, DC 20009