

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: _____

Rank: _____

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

Date of Entry: _____
mm/dd/yyyy

Date of Discharge: _____
mm/dd/yyyy

- ## 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 _____

Participate!

We are always looking for members to get involved. Share your skills, talents, and interest and we will connect you with an opportunity to participate.

Occupation: _____

Industry: _____

Please let us know if you have:

Professional Skills (e.g. computer programming, public speaking, marketing, management, etc.):

Talents (e.g. relationship building, writing, playing an instrument):

Interests (e.g. Korean War history, community service, youth engagement):

Share your thoughts! We welcome and appreciate your feedback.

How did you hear of JWV and what motivated you to join?

How do you see JWV fitting in to the veteran community? Jewish Community?

P: 202.265.6280
F: 202.234.5662
membership@jwv.org

