



# Jewish War Veterans of the U.S.A. • Membership/Patron Application

02-13-23

JWV Membership USE ONLY: Member Number: \_\_\_\_\_

Date Received by: \_\_\_\_\_ Date Processed: \_\_\_\_\_

**MAIL COMPLETED FORM & PAYMENT TO:**

Jewish Veterans of the U.S.A.  
ATTN: Membership  
1811 R Street NW  
Washington DC 20009-1603

• For online application, go to [https://www.jwv.org/online\\_membership/users/membership](https://www.jwv.org/online_membership/users/membership)

**QUESTIONS? Contact membership at (202) 265-6280 ext. 414 or email at: [membership@jwv.org](mailto:membership@jwv.org)**

## A. APPLICANT INFORMATION

1. Full Name (First, Middle, Last, Suffix): \_\_\_\_\_
  2. Mailing Address (street, apartment, etc.): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_
  3. Phone (circle preferred): H: (\_\_\_\_\_) \_\_\_\_\_ C: (\_\_\_\_\_) \_\_\_\_\_
  4. Email: \_\_\_\_\_ Military Email (If Applicable): \_\_\_\_\_
  5. Birthdate (Day, Month, Year): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ (*Patrons - stop here and go to section C*)
  6. Service Branch:  USA  USN  USMC  USAF  USCG  USSF Uniform Service:  USPHS  NOAA
  7. War/Campaign (Check all that apply):  WWII  Korea  Vietnam  Cold War  Gulf War  Global War on Terror  
 Post 9/11  Decorations/Awards (Optional): \_\_\_\_\_
  8. Veteran Status:  Active Duty  Reserve  National Guard  Retired  Former  Allied Nation
  9. Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_ Retirement/Discharge (MM/YY) \_\_\_\_/\_\_\_\_
  10.  Applicant confirms: I am of the Jewish Faith and have been Honorably Discharged or currently serving in the Armed Forces of the United States of America OR in the Armed Forces of an Allied Nation. \_\_\_\_\_
- Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Name of Allied Nation \_\_\_\_\_

## B. MEMBERSHIP CATEGORY

- Active Membership** (Regular Annual): in the Jewish War Veterans (Post sets the dues amount)
- Associate Membership** (Associate Annual): for Jewish veteran whose service was not during a war, or who served on an Allied force and later became an American citizen (dues same as Active Membership (Regular Annual))
- Life Member** (Investment in lifelong membership).  Regular Life (\$500)  Associate Life (\$500)  
Payment Option: Three-payment investment plan: \$200-enclosed \$150-billed next year/ \$150-billed the following year.
- In-Service Membership** (Active Duty NOTE: Membership is free while In-Service and for one year after completion of Service with an Honorable Discharge. In-Service members must verify In-Service status each year by sending a statement to [membership@jwv.org](mailto:membership@jwv.org) via their military (.mil) email account. If you do not want routine JWV email sent to your military email address fill in your "Preferred email address" above. I want to be a member of Post \_\_\_\_\_.  
*\*If you are not aware of a Post in your area, JWV will assign you one.*

**C. PATRON CATEGORY** A Patron is an individual who does not meet the criteria for JWV Membership, however holds the same values that JWV represents. Please contact Post or HQ for dues amount.

**Annual Patron**  **Life Patron**

Applicant confirms: I subscribe to, pursue or reflect the purpose, policies and aims of the Jewish War Veterans of the U.S.A.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## D. SPONSOR INFORMATION

Sponsor confirms: I have reviewed the proof of service for this applicant for membership and affirm this applicant is eligible for membership in the Jewish War Veterans of the U.S.A.

Post: \_\_\_\_\_ Dept: \_\_\_\_\_ Sponsor Name (print): \_\_\_\_\_ Sponsor Int: \_\_\_\_\_ Date: \_\_\_\_\_

**E. PAYMENT INFORMATION** (Patron contribution will be the same as dues for a member).

Payment: Amount being paid: \$ \_\_\_\_\_

Amex  Visa  MasterCard  Discover  Check (Make checks payable to 'Jewish War Veterans')

Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

I, \_\_\_\_\_, authorize The Jewish War Veterans USA to charge my credit card above PRINT FULL NAME AS SHOWN ON THE CREDIT CARD for the agreed upon purchases. I understand that my information will be saved to file for membership purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_