



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 War 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

QUESTIONS? Contact membership at (202) 265-6280 ext. 414 or email at: 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 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: _____