

Jewish War Veterans of the USA Membership Application

- Complete all 6 steps, including questionnaire on back.
- Questions? Contact us at membership@jwv.org or call 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. Your information

Last Name _____ First Name _____ Initial _____

Address _____

City _____ State _____ Zipcode _____

Date of Birth _____ Male Female
mm / dd / yyy

Cell _____ Email _____

Home Phone _____

Ever a member of JWV? No Yes, in Post# _____ Check if you DO NOT wish to receive news and updates from JWV

2. Armed Forces Service

Army Marines Navy Air Force

Coast Guard

Reserves [served during a time of war]

National Guard [served during a time of war]

Served in Allied Nation Military?

No Yes - If yes, see Associate membership

If none of the above apply, please see Patron application

War/Campaign

WW2

Korea

Vietnam

Cold War

Gulf War & Post-Gulf War

Global War on Terror

Rank: _____

Date of Discharge: ____/____/____
mm / dd / yyyy

Date of Entry: ____/____/____
mm / dd / yyyy

Unit Designation: _____

(Company, Regiment, Division, Ship, Station, etc.)

3. 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.

4a. 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

4b. 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

5. 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:

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:

Special 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

