



Be Part of a Great Jewish American Tradition of Service

Join the Jewish War Veterans of the USA

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

- If you are a veteran; a copy of your DD214
- If you are an in-service applicant; proof of in-service military

Last Name First Name Middle Initial

Address

City State Zipcode

Phone Fax

E-mail

Date of Birth Social Security Number
 (Required) mm/dd/yyyy (optional)

Date of Entry Date of Discharge Served in Allied Nation Military Yes No
 (Required) mm/dd/yyyy (if known) mm/dd/yyyy

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

Rank Unit Designation

Decorations or Medals

Were you ever a member of JWV? Yes No

Name of Post Post Number

Please check the Membership/Donor level you are applying for:
 Active * At-Large - \$50 In-Service - Free Life Patron Donor \$500
 Life - \$500 Associate * Patron Donor *

* Post determines Membership/Donor fee

Name of Sponsor Signature _____
 or Digital Signature

Your Name _____ Signature _____
 or Digital Signature

I am paying by Check Credit card:
 American Express Visa Mastercard Discover

Card No. Exp.

Signature _____
 or Digital Signature

Print your completed form and mail it with payment and proof of eligibility to:

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

or

Click the Submit button to e-mail this form to JWV Membership Department (please be sure to also attach your eligibility document)

Save and Print **Submit**