



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 item listed below:

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

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

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

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

Decorations or Medals _____

Were you ever a member of JWV? Yes No

Name of Post _____ Post Number _____

Please check the membership level you are applying for:
 Active * At-Large - \$45 In-Service - Free Life Patron - \$1000
 Life - \$200 Associate * Patron *

* Post determines membership 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)

