



**Application for Membership**  
**DUES FOR REGULAR & ASSOCIATE MEMBERS**

**Annual Membership Dues: \$20**

\*\*\*If you would like to include your personal information in a directory for all members; please Check here  \*\*\*  
(Or if you prefer, Check the box and please CIRCLE what personal Information you would like published i/e;  
Name, Email and phone number only.)

\_\_\_\_/\_\_\_\_/\_\_\_\_ email address

\_\_\_\_/\_\_\_\_/\_\_\_\_ (\_\_\_\_)\_\_\_\_ (\_\_\_\_)\_\_\_\_  
date of birth phone work or cell phone

\_\_\_\_ first middle initial

\_\_\_\_  
street address

\_\_\_\_ city state zip

Military Service from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Branch of Service \_\_\_\_\_

**DD Form 214 verified: Initials/Date\_\_\_\_\_/\_\_\_\_\_| Initials/Date \_\_\_\_/\_\_\_\_**

**\*\*TO ESTABLISH ELIGIBILITY FOR MEMBERSHIP, YOU MUST SUBMIT/PRESENT A COPY OF  
YOUR DD-214 OR EQUIVALENT DISCHARGE PAPERS WITH THIS APPLICATION\*\*  
**YOU MAY BLACK OUT YOUR SOCIAL SECURITY NUMBER FOR SECURITY PURPOSES.**  
DOCUMENTS WILL BE SHREDDED UPON VERIFICATION  
\*\*THIS DOES NOT APPLY TO ASSOCIATE MEMBERSHIP APPLICATIONS\*\***

\_\_\_\_My check or money order for annual dues is enclosed.

**MAIL PAYMENT, COPY OF DD-214, & APPLICATION FORM TO:**

**Women Veterans of America**  
**National**  
**PO Box 30561**  
**Clarksville, TN 37040**  
Revised 1 SEP 2018