



Jewish War Veterans of the U.S.A. • Membership/Patron Application

5-19--21

JWV Membership USE ONLY: Member Number: _____
Date Received by: _____ Date Processed: _____

MAIL COMPLETED FORM & PAYMENT TO:
Jewish 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

Contact us (cell: 248-855-5085, email: membership@jwv-mi.org) if you need help / have any questions

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. _____
Name of Allied Nation
- Applicant Signature: _____ Date: _____

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.*
- ☐ 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: _____ Sponsor Signature: _____ Date: _____

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.

☐ **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. 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: _____