

Application for Membership in the Jewish War Veterans of the United States of America

Please complete this application then mail with your Membership Dues check payable to JWV Post 126 or your credit card information to the address below.

Name (Last): _____ (First): _____ (Middle Initial): _____

Home Address:

City:

_____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email

Address: _____

I hereby apply for membership in the Jewish War Veterans of the United States of America. I certify that I am a citizen of the United States and of Jewish faith, that my service in the Armed Forces was honorable, that I have never been discharged from military service under dishonorable conditions, and that I am not a member of any organization that believes in or advocates bigotry.

Signature of Applicant: _____ Date: _____

Post Name: **FURER-BARAG-WOLF** Post No.: **126**

Were you previously a member of JWV? No, If so Post Number: _____ Post Name: _____

Visa MasterCard Card #: _____ Exp Date: _____ \$
Amt: _____

Dues Schedule: New Member \$35 Life Membership \$200 In-Service Free
Patron \$35

BACKGROUND / SERVICE INFORMATION

Age: _____ Date of Birth: _____ Place of Birth: _____

Occupation: _____ Marital Status: _____

Name of Nearest Relative: _____ Relationship: _____

Address:

Date of Enlistment: _____ Date of Discharge: _____ Allied Nation Military:

Branch of Service (check one) Army Navy Marines Air Force Coast Guard
Merchant Marine

Rank: _____ Serial Number: _____ VA Claim Number:

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

Decorations or

Medals: _____

POST CERTIFICATION

Sponsors: 1. _____ 2.

Received by Quartermaster : _____ Date: _____

In-Service ID Verification: Cmd: _____ Adjutant/Qtr: _

_____ Date: _____

MAKE CHECK PAYABLE TO: JWV Post 126

RETURN TO: JWV Post 126, Attn: Membership, PO Box 181, Cherry Hill, NJ 08003