



**VETERANS OF THE VIETNAM WAR, INC.
AND THE VETERANS COALITION**



805 South Township Boulevard
Pittston, Pennsylvania 18640-3327
Phone: 570-603-9740 Fax: 570-603-9741 1-800-VIETNAM
E-mail: vvwnatl@epix.net WebSite: www.vvnw.org

" All Veterans - All Military - Welcome "

MEMBERSHIP APPLICATION

I hereby swear (affirm) to uphold the Constitution of the United States and the Bylaws of the Veterans of the Vietnam War, Inc.

**PLEASE
PRINT**

GENERAL INFORMATION:

Social Security Number

Signature

_____	_____	_____
Last Name	First Name	Middle
_____	_____	_____
Street	Apt. Number	E-mail Address
_____	_____	_____
City	State	Zip Code + 4
() _____	_____	_____
Telephone Number	Date of Birth	

MILITARY DATA:

Branch:

- Army
- Navy
- Air Force
- Marines
- Coast Guard
- Other

Date

Entered Service _____ - _____ - _____

Currently Serving: Active Duty
 Reserves National Guard

Discharge Date _____ - _____ - _____

Type Discharge _____

Service Number _____

Service:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> WW II | <input type="checkbox"/> Bosnia |
| <input type="checkbox"/> Korea | <input type="checkbox"/> Kosovo |
| <input type="checkbox"/> Vietnam | <input type="checkbox"/> Enduring Freedom |
| <input type="checkbox"/> Grenada | <input type="checkbox"/> Iraqi Freedom |
| <input type="checkbox"/> Panama | <input type="checkbox"/> Peacetime |
| <input type="checkbox"/> Desert Storm | <input type="checkbox"/> Non-Veteran |
| <input type="checkbox"/> Somalia | <input type="checkbox"/> All Others |
| <input type="checkbox"/> Haiti | |

**TO CLAIM VETERAN STATUS YOU MUST ATTACH A COPY OF DD-214 (DISCHARGE FORM)
ACTIVE DUTY ATTACH COPY OF MILITARY ID TO VERIFY SERVICE (FREE MEMBERSHIP)**

Annual Membership \$25.00
 Life Membership \$200.00
 (8 Payments of \$ 25.00)
Current Serving Military FREE

PAYMENT METHOD:

Check or Money Order Payable to VVnW, Inc. enclosed

Please charge my membership to:

Visa MasterCard Discover Am Express

Card No: _____ Exp Date _____

Print Name: _____

Signature : _____

OFFICE USE ONLY:

Post Number: _____

Dues Paid: _____

Member Date: _____

Expiration Date: _____

Received By: _____



We accept all major credit cards