

Coast Guard Combat Veterans Association

MEMBERSHIP APPLICATION

(Please Print Clearly)

PERSONAL INFORMATION

Last Name: _____ First Name: _____ M.I.: _____ Suffix: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Date of Birth: _____ Sponsored by: _____

For those with a second address, please provide that address below. This is to ensure proper delivery of the Quarterdeck log magazine and other Association materials

Street: _____ City: _____ State: _____ Zip Code: _____

When are you at this address (dates)? _____

MILITARY INFORMATION

Branch: _____ Dates of Service (From): _____ To: _____

For broken or other service affiliation:

Branch: _____ Dates of Service (From): _____ To: _____

Grade, Rank, or Rate at Present, Discharge, or Retirement: _____

Ships, Duty Stations of Combat theatre(s): _____

IMPORTANT INFORMATION FOR MEMBERSHIP:

This application **MUST** be accompanied by a copy of your discharge (both sides if applicable); or a copy of your DD-214; or a copy of your DD-215; or a copy of NAV/CG-523; or a copy of your letter(s) of awards; or a copy of some "official" documentation that states your participation in or your direct support of a combat situation. You may get a certified statement from a former shipmate who is a member of the CGCVA in "Good Standing" stating that you served with him or her on a particular ship or station during a particular period of time.

Dues: **\$40.00 for 2 Years**
Make check or Money Orders payable to:
CGCOMVETS

Send application and payment to:
CGCVA Secretary/Treasurer
P.O. Box 777
Havre de Grace, MD 21078

Signature: _____ Date: _____