

COAST GUARD COMBAT VETERANS ASSOCIATION

MEMBERSHIP APPLICATION



(Please Print Legibly)

PERSONAL INFORMATION



Last Name	First Name	MI Suffix	DOB
Street address	City	State	Zip
Telephone: Cell	Home	Other	Email

For those with a second address, please submit that address to cgcva@comcast.net. For you to get the Association's magazine, you will need to notify the Association when to change your address and to change it back, when you return to your primary address. All address changes go to: cgcva@comcast.net

MILITARY SERVICE INFORMATION

Service Branch and Dates of Service	Grade, Rank, Rate at Time of Discharge or Retirement
Indicate broken service or other service affiliation below: (continue on back if necessary):	
Service Branch and Dates of Service	Grade, Rank, Rate at Time of Discharge or Retirement

Qualifying Service Medal Awarded (See Ribbons Above)	Dates in Theatre of Operations and Campaign Name	Ship(s) or Unit(s) Assigned at time of deployment

IMPORTANT INFORMATION FOR MEMBERSHIP:

This application MUST be accompanied by a copy of one or more of the following documents that indicates your participation in or in direct support of combat contingency operations: DD-214 (all pages); DD-215, NAV/CG-523, Letter(s) of awards or other "official" documentation stating your participation. If necessary, a certified statement from a former shipmate who is a member of the CGCVA in "Good Standing" stating that you had served with him/her with a specific unit during a specific period that qualifies for CGCVA membership.

Dues: **\$40.00 for two (2) years membership**
Make check or money order payable to:
CGCOMVETS or CGCVA

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

Name of CGCVA Sponsor

Signature of Applicant Date