



# 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	Primary Email	

Many members have dual addresses, relocating to the south during winter months and back to the north in summer. In order to receive the Quarterdeck Log at your current location, it is important that you notify the CGCVA Secretary/Treasurer when you travel between residences at [cgcva@comcast.net](mailto:cgcva@comcast.net) to ensure delivery. All change of address requests is made to the same email account.

#### IMPORTANT INFORMATION FOR MEMBERSHIP

Applicants must have been a member of the U.S. Coast Guard at the time of deployment during a qualifying period for CGCVA 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 operations: DD-214 (all pages), DD-215, NAV/CG-523, Letter(s) of awards or other "official" documentation of your participation. Active Duty may submit their Employee Summary Sheet which lists duty stations and awards. If there is no documentation available to validate eligible service for membership, a certified statement from a former shipmate who is a CGCVA member in "Good Standing" will serve as your sponsor and affirm that you served with them with a specific unit, in a theatre of operations that qualifies for CGCVA membership. All CGCVA applications are verified. For all applications, please provide the sponsor's name if necessary or that of someone who is referring you for membership.

Qualifying Service Medal Awarded	Dates in Theatre of Operations and Campaign Name	Ship(s) or Unit(s) at time of deployment and Authorized Period

**Dues: \$40.00 for two (2) years membership**  
**Current active duty members, including SELRES on Title 10, receive four years membership for \$40.00. SELRES on Title 10 or LONG TERM ADOS must submit a copy of their orders along with their DD214.**

**Send membership application to:**  
 Gary Sherman (CGCVA Secretary-Treasurer)  
 P.O. Box 969, Lansdale, PA 19446  
**Make check or money order payable to:**  
**CGCVA**

Print name of CGCVA sponsor or referral	Signature of applicant	Date
Indicate in check box if apply for Regular membership	<input type="checkbox"/> Associate membership	<input type="checkbox"/> Other <input type="checkbox"/>