

COAST GUARD COMBAT & EXPEDITIONARY 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 mlanitz@cgeva.org. When switching between the primary and secondary addresses make sure that you notify the CGCVA of the address change so that you will continue to receive the Quarterdeck Log. To notify the CGCVA of a permanent address change, send an email with the new address to mlanitz@cgeva.org.

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 reverse, 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 Theater of Operations and Name of Campaign / Operation	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 indicating applicant's 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 participation WHILE A MEMBER OF THE U.S. COAST GUARD. If necessary, a certified statement from a former shipmate who is a member of CGCVA and in "good standing," stating that they served with applicant in a specific unit during a deployment location and timeframe that qualifies for membership.

NOTE: DUES INCREASED ON 01 JANUARY 2025

Dues: \$47.50 for two-year membership. Payment can be made by check or credit card through the CGCVA website with an option for automatic renewal. For Active Duty, and Long Term ADOS, initial membership is four-years.

Send application and payment to:

Coast Guard Combat Veterans Association

P.O. Box 720

Paducah, KY 42086-0720

Make checks payable to: CGCVA

Questions: 410-690-8000

Print Name of CGCVA Sponsor or Referral if Appropriate

Signature of Applicant

Date

Check appropriate box: Regular Membership

Associate Membership

Other