

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 mplanitz@cgcvva.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 mplanitz@cgcvva.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 <input type="radio"/>	Associate Membership <input type="radio"/>	Other <input type="radio"/>