



## AMVETS Membership Application

**Yes, I want to join AMVETS! I certify that I meet the membership requirements—  
I am serving or have honorably served in the U.S. Armed Forces  
(Active, Guard or Reserve) after September 15, 1940.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Date Entered Service: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Members must be prepared to provide proof of military service.  
AMVETS Membership Department