



www.wvachapter20.org

**Application for Membership
DUES FOR REGULAR & ASSOCIATE MEMBERS**

Life Membership:

Age 40 and under ... \$150

Age 41 – 65 \$120

Age 65 and over \$100

Annual Membership Dues: \$20

____/____/____ email address

____/____/____ (____) (____)
date of birth phone work or cell phone

____ first middle initial
last name

street address

____ state zip
city

Military Service from ____/____/____ to ____/____/____

Branch of Service (BOS) _____

****TO ESTABLISH ELIGIBILITY FOR MEMBERSHIP, YOU MUST SUBMIT A COPY OF YOUR DD-214 OR EQUIVALENT DISCHARGE PAPERS WITH THIS APPLICATION**
YOU MAY BLACK OUT YOUR SOCIAL SECURITY NUMBER FOR SECURITY PURPOSES.
DOCUMENTS WILL BE SHREDDED UPON VERIFICATION BY WVA CHAPTER 20.
THIS DOES NOT APPLY TO ASSOCIATE MEMBERSHIP APPLICATIONS**

____ My check or money order for my full life membership dues is enclosed.
____ My check or money order for one half payment of life membership is enclosed and I will be billed later for balance.
____ My check or money order for annual dues is enclosed.

I allow the following information to be released to WVA members only:
All ____ Name ____ Address ____ Phone ____ B-day ____ E-mail ____ BOS ____ None ____

**MAIL PAYMENT, DD-214, & APPLICATION FORM TO:
Women Veterans of America
Chapter #20
PO Box 121884
Nashville, TN 37212**