

Coast Guard Combat Veterans Association

MEMBERSHIP APPLICATION

(Please Print Clearly)

Personal Data

Name: _____ Date: _____
Last First Init.

Address: _____
Street

City/State/Zip: _____

Telephone:(_____) _____ - _____ Date Of Birth: _____

Do you have two(2) Residences: Yes No (This is for the Quarterdeck Log mailings)
If Yes, furnish the following information:

Address: _____

City/State/Zip: _____

Telephone:(_____) _____ - _____ When There?: _____ To _____

Sponsored By: Bill Wells

Military Data

Branch Of Service _____ Service Number _____ From _____ To _____

Important: This Application MUST be accompanied by either a copy of your Discharge (Both Sides); or, a copy of a DD-214; or, a copy of a DD-215; or, a copy of NAV/CG-553; or a copy of your letter of awards, or a copy of some other "Official" document that states your participation in or your direct support of a combat situation. You may further get a certified statement from a former shipmate who is a member of the CGCVA in "Good Standing," stating that you served with him on a particular ship/station during a particular period of time.

Rank/Rate: Present At Discharge At Retirement _____

Dues: \$25.00 For 2 Years. Amount of Membership Dues Enclosed: \$ _____
_____ Make Check/M.O. Payable To: **CGCOMVETS**

Send To: BAKER HERBERT
PO Box 544
Westfield Center, Oh 44251

Email: cgcva@hotmail.com

Signature: _____ Date: _____