COAST GUARD COMBAT VETERANS ASSOCIATION



MEMBERSHIP APPLICATION

(Please Print Legibly)

PERSONAL INFORMATION



Last Name		First Name	MI	Suffix	DOB	
Street Address		City			Zip	
Telephone: Cell	Home	Other	Email			
For those with a second address, please secondary addresses make sure that you not Log. To notify the CGCVA of a permanent	ify the CGCVA o	of the address change so that	at you will continue to	receive the	Quarterdec	
M	ILITARY SE	RVICE INFORMAT	ION			
Service Branch and Dates of Service		Grade, Rank, Ra	Grade, Rank, Rate at Time of Discharge of Retirement			
(Indicate broken service	or other service	affiliation below: (contin	ue on reverse if neces	ssary)		
Service Branch and Dates of Ser	Grade, Rank, Ra	Grade, Rank, Rate at Time of Discharge of Retirement				
Qualifying Service Medal Awarded (See Ribbons above)		Dates in Theatre of Operations and Name of Campaign / Operation		Ship(s) or Unit(s) Assigned at Time of Deployment		
IMPORT This application MUST be accompanied by a comport of, combat contingency operations: Distating participation WHILE A MEMBER OF member of CGCVA and in "good standing" statiat qualifies for membership	opy of one or more D-214 (all pages), THE U.S. COAS	DD-215, NAV/CG-523, Lette T GUARD. If necessary, a ce	indicating applicant's parer(s) of awards or other extified statement from a	"official" d	ocumentation mate who is a	
Dues: \$40.00 for two-year membership. Current active duty, including SELRES on Title 10 or long-term ADOS receive a four-year membership for same price.			Send application and payment to: CGCVA P.O. Box 969 Lansdale, PA 19446 Make checks payable to: CGCVA Ouestions: 410-690-8000			
Print Name of CGCVA Sponsor or Re	ferral					
		Signature	e of Applicant]	Date	
Check appropriate box: Regular Mem	bership	Associate Member	ship	Oth	er 🔵	