



**Be Part of a Great Jewish American Tradition of Service
Become a Member! Join the Jewish War Veterans of the USA**

- Please complete this form, and send it along with your payment and one proof of eligibility items listed:
- If you are a veteran, a signature from a sponsor or a copy of your DD-214 or discharge papers
 - If you are an in-service applicant; proof of in-service military OR certification by any echelon Commander

In-Service Members shall declare annually whether JWV is to use his/her home or military address for JWV communication.

Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ State _____ Zipcode _____

Phone _____ Fax _____

E-mail _____

Date of Birth (Required) mm/dd/yyyy Social Security Number (optional) _____

Date of Entry (Required) mm/dd/yyyy Date of Discharge (if known) mm/dd/yyyy Served in Allied Nation Military? Yes No

Branch of Service Army Navy Marines
 Air Force Coast Guard Merchant Marines

Rank _____ Unit Designation _____
(Company, Regiment, Division, Ship, Station, etc.)

Decorations or Medals _____

Ever a member of JWV? No Yes If yes, Post No. _____

Membership level you are applying for: Active * At-Large - \$50 Associate * Life - \$500
 In-Service - Free * Post determines Membership fee

Name of Sponsor or Certified by: AJ Haysman Post No. 320

Sponsor or Certified by Signature: _____

"I am of the Jewish Faith and have been honorably discharged or am currently serving in the Armed Forces of the United States of America."

Your Signature: _____

I am paying by Credit Card Check Amount \$45.00
 American Express Visa Mastercard Discover

Card No. _____ Exp. _____

Signature _____

**JWV Post 320 Dues are \$45.
Please make checks out to the
Savannah Jewish Federation.**

The Savannah Jewish Federation will collect all membership applications and return them to the national JWV office.