

# APPLICATION FOR MEMBERSHIP

## NAVY SEABEE VETERANS OF AMERICAN, INC.

FILL IT OUT AND RETURN TO THE SECRETARY OF THE ISLAND OF YOUR CHOICE OR MAIL IT TO THE ADDRESS PROVIDED BELOW.

I HEARBY APPLY FOR MEMBERSHIP IN THE NAVY SEABEE VETERANS OF AMERICA

I SOLEMNLY PLEDGE MYSELF TO PROMOTE THE WELFARE OF ITS MEMBERS, AND TO PERPETUATE ALLEGIANCE TO AMERICA, TO THE AMERICAN FLAG, AND TO AMERICA'S FREE INSTITUTIONS.

MEMBERSHIP FOR: Island \_\_\_\_\_ State: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Unit(s) Served With: \_\_\_\_\_

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

Name of Spouse: \_\_\_\_\_

Recommended by: \_\_\_\_\_

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

Annual dues for the local Islands are established by each Island and Payable at time of application and each year thereafter on July 1.

**Life Membership** rates are based on age.

Make checks payable to Navy SVA and return to the **Secretary of the Island of your choice** or mail to:  
Charles Coffin, National Secretary  
Navy Seabee Veterans of American  
16 Graham Ave.  
West Haven, CT 06516