

**APPLICATION FOR MEMBERSHIP  
NAVY SEABEE VETERANS OF AMERICA, INC.**

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

I HEREBY 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 THE UNITED STATES OF AMERICA, THE AMERICAN  
FLAG, AND TO AMERICA'S FREE INSTITUTIONS.

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail 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.

Make checks payable to Navy SVA and return to the **Secretary of the Island of your  
choice** or mail to:

Charles H. Coffin, National Secretary  
Navy Seabee Veterans of America  
16 Graham Ave.  
West Haven, CT 06516