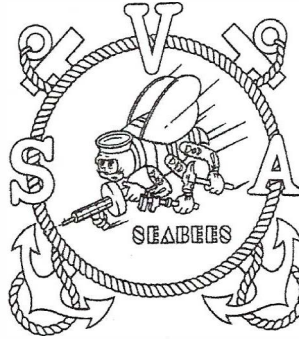


# Navy Seabee Veterans of America, Inc.



## MEMBERSHIP TRANSMITTAL FORM

DATE: \_\_\_\_\_

City \_\_\_\_\_

ISLAND X- \_\_\_\_\_

STATE/ DEPARTMENT: \_\_\_\_\_

RECEIVED AT DEP'T HDQ.	DATE _____
MAILED TO NAT'L HDQ.	
RECEIVED AT NAT'L HDQ.	

### ISLAND SECRETARY'S NAME & ADDRESS

### ISLAND COMMANDER'S NAME & ADDRESS

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

TYPE or PRINT ALPHABETICALLY & LEGIBLY

LAST NAME	FIRST NAME	INIT.	STREET ADDRESS CITY	STATE	ZIP CODE	UNIT BATT. AFF.	New	Re - New	Expires 30 June

NATIONAL DUE \$ \_\_\_\_\_ NUMBER OF MEMBERS \_\_\_\_\_ CHECK NO. \_\_\_\_\_ TOTAL AMOUNT \$ \_\_\_\_\_

DEP'T DUES \$ \_\_\_\_\_ NUMBER OF MEMBERS \_\_\_\_\_ CHECK NO. \_\_\_\_\_ TOTAL AMOUNT \$ \_\_\_\_\_

COPIESTO: 

NATIONAL Sec'y	DEPARTMENT Sec'y	ISLAND Sec'y
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