

CWV, POST 1947 AUXILIARY MEMBERSHIP APPLICATION

Print Name _____

Address _____

City: _____ State _____ Zip _____

Phone No. _____ E-Mail _____

DOB: _____ Parish _____

Relationship to Veteran _____

Name of Veteran _____

Signature: _____

Auxiliary Annual Dues is \$25.00 (This covers the fiscal year from Oct 1 — Sept. 30, and includes \$2.00 for the National Magazine "The Catholic War Veteran".)

Make check payable to: Catholic War Veterans, Post 1947 Auxiliary.

Mail this application with check for \$25.00 to:

Catholic War Veterans, Post 1947 Auxiliary
Attn: Membership
P.O. Box 751901
Las Vegas, NV 89136-1901