

## CWV, POST 1947 MEMBERSHIP APPLICATION

Print Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone No. \_\_\_\_\_ E-Mail \_\_\_\_\_

DOB: . \_\_\_\_\_ Parish \_\_\_\_\_

Branch of Service \_\_\_\_\_ Serial No. \_\_\_\_\_

Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_ Type of Discharge \_\_\_\_\_

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

Post Annual Dues is \$36.00. (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

Mail this application with check for \$36.00 to:

Catholic War Veterans, Post 1947

Attn: Membership

P.O. Box 751901

Las Vegas, NV 89136-1901