

AMVETS Membership Application

Yes, I want to join AMVETS! I certify that I meet the membership requirements— I am serving or have honorably served in the U.S. Armed Forces (Active, Guard or Reserve) after September 15, 1940.

Membership Type: MAL Annual (\$30.00*) Life (\$250.00 *as of 1/1/2012)
Name:
Address:
City:
State: ZIP Code:
Gender: Male Female
E-mail Address:
Home Phone:
Date of Birth:
Branch of Service:
Date Entered Service:
Date of Discharge:
Type of Discharge:
Method of Payment: 🗌 VISA 🗌 MasterCard 🗌 Check or Money Order
Credit Card Number:
Expiration Date: / \$
Signature:
Date

*A national minimum amount that many vary from state to state or from post to post.

Members must be prepared to provide proof of military service.

AMVETS Membership Department 4647 Forbes Boulevard Lanham, MD 20706-4380 1-877-726-8387 www.AMVETS.org