



APPLICATION FOR MEMBERSHIP

Regular Life Associate

OUR CREED: "To perpetuate the memory of our shipmates who gave their lives in the pursuit of their duties while serving their country. That their dedication, deeds and supreme sacrifice be a constant source of motivation toward greater accomplishments. Pledge loyalty and patriotism to the United States of America & its Constitution."

NATIONAL DUES:

ANNUAL:

5 Yr: \$90.00 - 3 Yr: \$55.00 - 1 Yr: \$20.00

LIFE:

76+ yrs: \$100.00; 66 thru 75 yrs: \$200.00;
56 thru 65 yrs: \$300.00; 46 thru 55 yrs:
\$400.00; To & thru 45 yrs: \$500.00

Annual Chapter (Base) Dues:
(\$10.00 or as prescribed by Base)

I subscribe to the Creed of the United States Submarine Veterans, Inc., and agree to abide by the Constitution, all Bylaws, Regulations and Procedures governing the U.S. Submarine Veterans, Inc., so long as they do not conflict with my military or civil obligations. I will furnish further proof of my eligibility for Regular or Life membership, including an Honorable Discharge and U.S. Navy (SS) Designation, if required by proper authority.

Signature: _____ Date: ___/___/___

Name: (Print or Type) _____ Address: _____

City: _____ State: _____ Zip Code: _____ - _____ Tel: (____) _____ - _____

E-Mail Address (If applicable) _____ Base Desired: **POCONO BASE**

P. O. BOX 400
BARTONSVILLE, PA 18321

For Associate Members only: Sponsoring USSVI Regular Member: _____

Associate Applicant is: Veteran Spouse of Veteran Other (specify) _____

BIOGRAPHICAL DATA (New Members/Updates/Changes)

Please provide the information requested below. This information will be retained in the National and/or Base Database. Individual Bases may request additional data for their specific use only.

Date Of Birth (MM/DD/YY) ___/___/___ Spouse _____

Highest MOS/Rate/Rank Attained: _____ Mil Retired (Y/N): _____ Active Duty (Y/N): _____

Qual Boat: _____ Hull# _____ Qual Date (MM/YY) ___/___ From Yr. _____ to _____

Other Boats: _____ Hull# _____ From Yr. _____ to _____

_____ Hull# _____ From Yr. _____ to _____

_____ Hull# _____ From Yr. _____ to _____

_____ Hull# _____ From Yr. _____ to _____

_____ Hull# _____ From Yr. _____ to _____

_____ Hull# _____ From Yr. _____ to _____

Spouse or other Next of Kin: Name: _____ Relationship: _____

Addr: _____ City: _____ State: _____ Zip: _____ - _____ Tel: _____

Applicants serving on active duty are requested to provide a permanent address through which they may be contacted.
(Continue on back if necessary)

Upon completion, please deliver to: Your Base Secretary, or if you do not know of a base location near you,
Mail to: USSVI National Office, P.O. Box 3870, Silverdale, WA 98383-3870