



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). Join AMVETS online at www.amvets.org select Membership Join or you can use the form below.

Membership Type: MAL Annual (\$30.00*) Life (\$250.00*)

Name: _____

Address: _____

City: _____

State: _____ ZIP Code: _____

Gender: Male Female

E-mail Address: _____

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:

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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