

**APPLICATION FOR ANNUAL MEMBERSHIP
NAVY SEABEE VETERANS OF AMERICA, INC.**

FILL IT OUT AND RETURN TO THE SECRETARY OF THE ISLAND OF YOUR CHOICE OR
MAIL IT TO THE ADDRESS PROVIDED BELOW.

I HEREBY APPLY FOR MEMBERSHIP IN THE NAVY SEABEE VETERANS OF AMERICA.
I SOLEMNLY PLEDGE MYSELF TO PROMOTE THE WELFARE OF ITS MEMBERS, AND TO
PERPETUATE ALLEGIANCE TO AMERICA, TO THE AMERICAN FLAG, AND TO AMERICA'S
FREE INSTITUTIONS. (PLEASE PRINT LEGIBLY)

MEMBERSHIP FOR Island _____ State: _____

Name: _____

Address: _____

City: _____ State: _____ zip: _____

Phone: _____ E-Mail Address: _____

Place of Birth: _____ Date of Birth: _____

Unit(s) Served With: _____

Discharge Date: _____ Type of Discharge: _____

Name of Spouse: _____

Recommended by: _____

Signature: _____ Date: _____

Annual dues for the local Islands are established by each Island and Payable at time of application and each year thereafter on **July 1**.

Make checks payable to NSVA and return to the **Secretary of the Island of your choice**

or mail to:

Charles H. Coffin, National Secretary
Navy Seabee Veterans of America
2047 Ridge Road
Queensbury, NY 12804