

**APPLICATION FOR 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 AMERTCA, TO THE AMERICAN FLAG, AND TO  
AMERICA'S FREE INSTITUTIONS.

**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.

**Life Membership** rates are based on age.

Make checks payable to Navy SVA and return to the **Secretary of the Island of your choice** or mail to:

Charles H. Coffin, National Secretary  
Navy Seabee Veterans of America  
16 Graham Ave.  
West Haven, CT 06516