



# CATHOLIC WAR VETERANS & AUXILIARY

OF THE UNITED STATES OF AMERICA, INC.

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CWV Pennsylvania Headquarters Post 8  
1114 Bon Ox Road  
Gettysburg, PA 17325

## MEMBERSHIP APPLICATION

I hereby apply for membership in the **Catholic War Veterans** or **Auxiliary**

**For CWV Membership (Veterans)** - I certify that I am an American citizen, a practicing Catholic and have served in the United States Army, Navy, Marine Corps, Coast Guard, Air Force, or Reserve / National Guard component or Merchant Marine for at least 90 days Active Duty or served less than 90 days because of a disability incurred in the line of duty, and possess a discharge under Honorable conditions, and/or am now on Active Duty. A copy of the Applicants DD-214 or equivalent discharge paper must be included with the completed application and payment

**For CWV Auxiliary Membership (family members)** - I certify that I am a Catholic, a citizen of the United States, and am related within two degrees to a veteran, or a currently serving member, of the US Armed Forces.

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**For CWV Membership:** Branch of Service \_\_\_\_\_ Date Entered Service \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Date Discharged \_\_\_\_\_

**For CWV Auxiliary Membership:** Veteran's name related to \_\_\_\_\_

Relationship to veteran named above \_\_\_\_\_

Name of Church where you were baptized \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Check membership type desired:

\_\_\_\_\_ **Membership in the CWV National Headquarters Post or Auxiliary Unit (Member-at-large)**  
Check this option if you do not have a local Post in your area. Annual Dues are currently \$40.00 per year.

\_\_\_\_\_ **Membership in the local CWV Post nearest to my home** -- If this option is checked, this application will be forwarded to the Post nearest to your home address. Upon receipt of the application, you will be contacted by that local Post. When your membership is approved and they have processed your dues payment, your membership card will be given to, or sent to, you by that Post.

**Mail completed application to the address at the top of this page (if selecting National HQ Post membership, please remit your dues payment check of \$40.00. Make payable to: CWV, USA)**