



NATIONAL WOMEN VETERANS UNITED

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National Women Veterans United Membership Application

Name _____

Birthday _____

Address _____

Month _____ DAY _____
City _____

State _____

Zip _____

Telephone _____

E-Mail _____

Branch of Service _____

Dates Served _____

_____ Enlisted _____ Discharged _____

_____ Enlisted _____ Discharged _____

Rank _____ Overseas Service Yes _____ No _____

Committee Interest: _____ Membership _____ Color Guard

_____ Special Events _____ Veteran's Affairs _____ Homeless

_____ Mentoring _____ Legacy Preservation _____ Health

Signature _____ Date _____

Treasurer Section: Copy to Orientation Officer _____

\$50 Annual Membership Fee Paid \$ _____ Date _____

DD 214 _____ Yes _____ No _____