



National Women Veterans United
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National Women Veterans United Membership Application

Name: _____ Birthday (MM/DD) ____/____

Address: _____

City: _____ St: ____ Zip: _____

Phone: _____ Email: _____

Branch(s) of Service: _____/_____

Active: (Y/N) ____ Retired: (Y/N) ____ Reserves: (Y/N) ____

National Guard: ____ Rank: ____ Combat: _____

Dates Served: From ____/____/____ to ____/____/____

Foreign Service: _____

Committee Interest: Membership ____ Color Guard ____ Health ____

Special Events ____ Veteran's Affairs ____ Homeless ____

Mentoring ____ Bereavement ____ Legacy Preservation ____

Signature: _____ Date _____

Membership Officer: _____

Dues: \$50 per year - \$10 partial (\$40 by June) IL / \$30 out of state

Paid \$ _____ Date _____

DD 214 ____ Yes ____ No ____ Membership Card ____

ONE VOICE ONE VISION

(Revised 05/2020)