



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: _____/_____

Are You Currently? Active: ____ Retired ____ Reserves: ____ National Guard: ____

In Case of Emergency: Name: _____ Phone: _____

Bereavement __ Health ____ Homeless __ Honor Guard ____ Legacy Preservation ____

Membership ____ Mentoring ____ Policy & Research ____ Special Events ____

Veterans' Affairs ____ By-Laws ____

Signature: _____ Date _____

Membership Officer: _____

Dues: \$50 per year (Illinois) / \$30 out of state

Paid \$ _____ Date _____

DD 214 ____ Yes ____ No ____

ONE VOICE ONE VISION

(Revised 03/2021)