



National Women Veterans United
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National Women Veterans United Association Application

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

Address: _____

City: _____ St: ____ Zip: _____

Phone: _____ Email: _____

In Case of Emergency: Name: _____ Phone: _____

Do you have a family member currently serving in the Armed Forces, Reserves or National Guard?

If yes: Relationship _____

Signature: _____ Date _____

Membership Officer: _____ Date: ____/____/____

ONE VOICE ONE VISION

(Revised 03/2021)