



National Women Veterans United
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ONE VOICE ONE VISION

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: _____

JOIN A COMMITTEE

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

Membership ____ Mentoring ____ Policy & Research ____ Special Events ____

Veterans' Affairs ____ By-Laws ____

Signature: _____ Date _____

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

\$300 Lifetime Membership (Payable in 3 consecutive payments of \$100)

\$ _____ Date Paid _____

Check Cash Zelle – nwvu.org@gmail.com

* Free membership for Active Duty, National Guard, or Reserves

Proof of Military Service is required for all members

DD 214 or Proof of service attached - Membership Officer Initial _____

(Revised August /2022)