

APPLICATION FOR MEMBERSHIP
Italian American War Veterans of the United States

Name: _____ Telephone: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip Code: _____

Business or Profession: _____

Bus. Address: _____ Bus. Telephone: _____

City: _____ State: _____ Zip Code: _____

Branch of Service: _____ Date of enlistment: ___/___/___ Date of discharge: ___/___/___

Service No: _____ Soc. Sec. No: ___-___-___ Type of discharge: _____

What State Department would you like to join? _____

What Local Post would you like to join? Post #: _____ City: _____

Please print out this application and send to:

National Commander
Italian American War Veterans of the United States
500 Danforth Street
Syracuse, New York 13208-1566

Upon receipt of you completed application, a Membership Coordinator from the State Department you selected will contact you to discuss the enrollment process.

<http://www.itamvets.org>