CATHOLIC WAR VETERANS & AUXILIARY OF THE UNITED STATES OF AMERICA, INC.



ST. MICHAEL POST 1562

112 DERBY AVENUE



DERBY, CT 06418-2010

PHONE: (203) 734 - 9748 Email: CWV@Post1562.ComcastBiz.net Website: www.CWV-POST1562.org

* Dues for a New VETERAN is $\underline{\$35}$ remitted with completed application.

→ VETS MUST INCLUDE A COPY OF THEIR DD-214 (or equivalent discharge paper/Military ID) MEMBERSHIP APPLICATION

I hereby apply for membership in the Catholic War Veterans / Auxiliary. Membership Year begins on October 1st of the current year to September 30th of the following year. Post 1562 E-mail provider is MAILCHIMP.

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For VETERAN Membership: I certify that I am an American citizen, a practicing Catholic and have served in the United States Army, Navy, Marine Corps, Coast Guard, Air Force, or Reserve / National Guard component or Merchant Marine for at least 90 days Active Duty or served less than 90 days because of a disability incurred in the line of duty, and possess a discharge under **Honorable** conditions, or I am now on Active Duty. Signature required at bottom of form.

→ For AUXILIARY Membership (family members)- I certify that I am a Catholic, a citizen of the United States, and I am related within two degrees to a Veteran, or a currently serving member, of the US Armed Forces.

Signature required at bottom of form. DUES for a NEW AUXILIARY MEMBER is \$30. To be paid with submission of this form.

| Please PRINT Clearly ⁽²⁾ Applicant's Name | | |
|--|----------------|-------------|
| Street Address | | |
| City | State | Zip Code |
| Phone Number | Date of Birth | |
| E-mail: | | |
| Name of person sponsoring you (If applicable) | | |
| For Veteran: | | |
| Military Branch: Service Da | ites: Entered: | Discharged: |
| → For Auxiliary: Veteran's Name: | | |
| Relationship to Veteran named above | | |
| Name of Church where YOU were baptized | | |
| City S | tate | _ |
| ¥ | | |
| SIGNATURE OF APPLICANT: | | DATE: |
| Check made payable (for Veteran) to St. Michael CWV Post 1562 (for AUXILIARY) CWV Post 1562 Auxiliary | | |
| Drop off completed application & payment (and copy if Vet) at the Post or mail to Post 1562 (address above). | | |
| For Post / CWVA: Application & Dues Processed / Notes | | |

(Rev 2025 April)