



AMVETS Membership Application

Yes, I want to join AMVETS! I certify that I meet the membership requirements—I am serving or have honorably served in the U.S. Armed Forces (Active, Guard or Reserve). **Join AMVETS online at www.amvets.org select Membership Join or you can use the form below.**

Membership Type: MAL Annual (\$30.00*) Life (\$500)

Name: _____

Address: _____

City: _____

State: _____ ZIP Code: _____

Gender: Male Female

E-mail Address: _____

Phone: _____

Date of Birth: _____

Branch of Service: _____

Date Entered Service: _____

Date of Discharge: _____

Type of Discharge: _____

Method of Payment: VISA MasterCard Check or Money Order

Credit Card Number:

Expiration Date: ____ / ____ \$ _____

Signature: _____

Date: _____

** A national minimum amount that many vary from state to state or from post to post.*

Members must be prepared to provide proof of military service.

AMVETS Membership Department

4647 Forbes Boulevard

Lanham, MD 20706-4380

1-877-726-8387

www.AMVETS.org