



CATHOLIC WAR VETERANS & AUXILIARY

OF THE UNITED STATES OF AMERICA, INC.

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DEPARTMENT OF OHIO
35 E. Chestnut St. #510
Columbus, OH 43215

MEMBERSHIP APPLICATION

I hereby apply for membership in the **Catholic War Veterans** or **Auxiliary**

For CWV Membership (Veterans) - 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, and/or am now on Active Duty.

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

Applicant's Name _____ Date of Birth _____

Street Address _____

City _____ State _____ ZIP _____

Phone Number _____ E-mail Address _____

For CWV Membership: Branch of Service _____ Date Entered Service _____

Type of Discharge _____ Date Discharged _____

For CWV Auxiliary Membership: Veteran's name related to _____

Relationship to veteran named above _____

Name of Church where you were baptized _____

City _____ State _____

Applicant's Signature _____ Date _____

Check membership type desired:

_____ **Membership in the Ohio CWV Headquarters Post or Auxiliary Unit (Member-at-large)**

Check this option if you do not have a local Post in your area. Annual Dues are currently \$30.00 per year.

_____ **Membership in the local CWV Post nearest to my home** -- If this option is checked, this application will be forwarded to the Post nearest to your home address. Upon receipt of the application, you will be contacted by that local Post. When your membership is approved and they have processed your dues payment, your membership card will be given to, or sent to, you by that Post.

Mail completed application to the address at the top of this page (if selecting Ohio HQ Post membership, please remit your dues payment check of \$30.00. Make payable to: CWV, Dept of Ohio)