



AMVETS Membership Application

Yes, I want to join AMVETS! I certify that I meet the membership requirements—
I have served or am currently serving on active duty in the U.S. Armed Forces, National Guard or Reserves.

Membership Type: Annual (\$20.00*) Life (\$150.00*)

Name: _____

Address: _____

City: _____

State: _____

ZIP Code: _____

Gender: Male Female

Home Phone: _____

Date of Birth: _____

Branch of Service: _____

Date Entered Service: _____

Date of Discharge: _____

Type of Discharge: _____

Payment Method: VISA or MasterCard Check or Money Order

Credit Card Number: _____

Expiration Date: _____

Signature: _____

Date: _____

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

When completed, mail this form along with your payment and
a copy of your DD-214 or current active or reserve military ID card to:

**AMVETS Membership Department
4647 Forbes Blvd.
Lanham, MD 20706-4380**