



APPLICATION FOR MEMBERSHIP

Regular Life Associate

OUR CREED: "To perpetuate the memory of our shipmates who gave their lives in the pursuit of their duties while serving their country. That their dedication, deeds and supreme sacrifice be a constant source of motivation toward greater accomplishments. Pledge loyalty and patriotism to the United States Constitution"

NATIONAL DUES:

Annual:

\$20 (1 yr) - \$55 (3 yrs) - \$90 (5 yrs)

Life:

(Age 76 + = \$100) (66 to 75 = \$200)
(56 to 65 = \$300) (46 to 55 = \$400)
(45 and Under = \$500)

PLUS \$20 Annual Base Dues

I subscribe to the Creed of the United States Submarine Veterans, Inc., and agree to abide by the Constitution, all Bylaws, Regulations and Procedures governing the U.S. Submarine Veterans, Inc., so long as they do not conflict with my military or civil obligations. I will furnish further proof of my eligibility for Regular or Life membership, including an Honorable Discharge and U.S. Navy (SS) Designation, if required by proper authority.

Signature: _____ **Date:** ___/___/___

Name: (Print or Type) _____ **Address:** _____

City: _____ **State:** _____ **Zip Code:** _____ - _____ **Tel:** (____) _____ - _____

E-Mail Address (If applicable) _____ **Base Desired:** TRI - STATE

Sponsor: _____ (Associate Membership Only)

Associate Applicant is: Veteran Spouse of Veteran Other (specify) _____

BIOGRAPHICAL DATA (New Members/Updates/Changes)

Please provide the information requested below. This information will be retained in the National and/or Base Database. Individual Bases may request additional data for their specific use only.

Date Of Birth (MM/DD/YY) ___/___/___

Spouse's Name: _____ **Spouse's Birthday** (MM/DD) _____

Highest Rank Attained: _____ **Retired** (Y/N): _____ **Active Duty** (Y/N): _____

Qual Boat: _____ **Hull#** _____ **Qual Date** (MM/YY) ___/___ **From Yr.** _____ **to** _____

Qual Rate/Rank: _____

Other Boats: _____ **Hull#** _____ **From Yr.** _____ **to** _____

_____ **Hull#** _____ **From Yr.** _____ **to** _____

_____ **Hull#** _____ **From Yr.** _____ **to** _____

_____ **Hull#** _____ **From Yr.** _____ **to** _____

_____ **Hull#** _____ **From Yr.** _____ **to** _____

_____ **Hull#** _____ **From Yr.** _____ **to** _____

Next of Kin if other than Spouse: **Name:** _____ **Relationship:** (optional) _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____ - _____

**Return Application to: TRI - STATE BASE c/o Tom Samuelson - 69 Ranch Trail
Fairfield, PA 17320**