



# 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 of America & its Constitution."

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.

### NATIONAL DUES:

#### ANNUAL:

5 Yr: \$115.00 - 3 Yr: \$70.00 - 1 Yr: \$25.00

#### LIFE:

76+ yrs: \$100.00; 66 thru 75 yrs: \$200.00; 56 thru 65 yrs: \$300.00; 46 thru 55 yrs: \$400.00; To & thru 45 yrs: \$500.00

**Annual Chapter (Base) Dues:**  
(\$10.00 or as prescribed by Base)

- I certify that I was designated qualified in USN Submarines aboard USS \_\_\_\_\_ in \_\_\_\_\_ (Qual.Yr)  
(Honorary designations regardless of source do not apply under any circumstances)
- I certify that I received a discharge under Honorable Conditions (if not currently in military service) in \_\_\_\_\_ (Yr)

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Name: (Print) \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Base Desired: **POCONO BASE**

**P. O. BOX 400  
BARTONSVILLE, PA 18321-0400**

For Associate Members only: Sponsoring USSVI Regular Member: \_\_\_\_\_

Associate Applicant is: Veteran \_\_\_ Spouse of Veteran \_\_\_ Other (specify) \_\_\_\_\_

How did you find us?  Friend,  Boat Assn,  Local Event/News,  Internet,  Other ( \_\_\_\_\_ )

## 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 \_\_\_\_\_

Highest MOS/Rate/Rank Attained: \_\_\_\_\_ Mil Retired (Y/N): \_\_\_ Active Duty (Y/N): \_\_\_

If other military service, What Branch? \_\_\_\_\_

YR entered Mil Service: \_\_\_\_\_ YR left Mil Service \_\_\_\_\_ (Active/Inactive reserve time also counts.)

- Check here if your Military Service falls within any of these time periods: Dec 7, 1941 thru Dec 31, 1946; Jun 27, 1950 thru Jan 31, 1955; Aug 5, 1964 thru May 7, 1975; or from Aug. 2, 1990 to present.
- Check here if you have been awarded an Expeditionary Medal.

Other Boats/Ships: _____	Hull# _____	From Yr. ___ to ___
_____	Hull# _____	From Yr. ___ to ___
_____	Hull# _____	From Yr. ___ to ___
_____	Hull# _____	From Yr. ___ to ___
_____	Hull# _____	From Yr. ___ to ___

Spouse or other Next of Kin: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Addr: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ Tel: \_\_\_\_\_

Applicants serving on active duty are requested to provide a permanent address through which they may be contacted.

Upon completion, please deliver to Your Base Secretary or mail to: USSVI, POCONO BASE, P.O. Box 400, Bartonsville, PA 18320  
or if you do not know of a base location near you, Mail to: USSVI National Office, P.O. Box 3870, Silverdale, WA 98383-3870