



# CATHOLIC WAR VETERANS

OF THE UNITED STATES OF AMERICA, INC.

NATIONAL HEADQUARTERS  
441 NORTH LEE STREET  
ALEXANDRIA, VA 22314-2301  
TELEPHONE (703) 549-3622

## LIFE MEMBERSHIP APPLICATION

(Revised August 2010)

At a meeting of \_\_\_\_\_ Post No. \_\_\_\_\_ on \_\_\_\_\_,  
(Post Name) (date)

the membership approved a Life Membership in the Catholic War Veterans of the USA, Inc., for:

NAME OF MEMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE NUMBER:( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

## LIFE MEMBERSHIP FEES

Attained Age	Total Amount	National (50%)	Department (25%)	Chapter (15%)	Post (10%)
20-30	\$450.00	\$225.00	\$112.50	\$67.50	\$45.00
31-50	\$425.00	\$212.50	\$106.25	\$63.75	\$42.50
51-60	\$325.00	\$162.50	\$81.25	\$48.75	\$32.50
61-70	\$225.00	\$112.50	\$56.25	\$33.75	\$22.50
71-80	\$150.00	\$75.00	\$37.50	\$22.50	\$15.00
81+	\$125.00	\$62.50	\$31.25	\$18.75	12.50

**LIFE MEMBERSHIP APPLICATION (continued)**

**Three separate (3) checks** are to be included with this application (see pg 1 for amount due to each Echelon):

- One (1) made payable to CWV, USA (National Department)
- One (1) made payable to your state Department
- One (1) made payable to your Chapter (if applicable)

In the event no Chapter exists, then the Post would get the additional funds.

**Signature of Post Commander or Adjutant:** \_\_\_\_\_

**This application (must be accompanied by all checks) must be sent through Echelons: Post sends to Chapter; Chapter sends to Department; Department sends to National.**

**POST:** Date Received: \_\_\_\_\_  
Check No: \_\_\_\_\_ Check Date: \_\_\_\_\_ Amount: \_\_\_\_\_  
Date Forwarded to Chapter: \_\_\_\_\_

**CHAPTER:** Date Received: \_\_\_\_\_  
Check No: \_\_\_\_\_ Check Date: \_\_\_\_\_ Amount: \_\_\_\_\_  
Date Forwarded to Department: \_\_\_\_\_

**DEPARTMENT:** Date Received: \_\_\_\_\_  
Check No: \_\_\_\_\_ Check Date: \_\_\_\_\_ Amount: \_\_\_\_\_  
Date Forwarded to National: \_\_\_\_\_

**MAIL LIFE MEMBERSHIP CARD TO:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

---

---

**FOR NATIONAL DEPARTMENT USE ONLY**

NATIONAL COMMANDER SIGNATURE \_\_\_\_\_

NATIONAL APPROVAL DATE \_\_\_\_\_