



CATHOLIC WAR VETERANS

OF THE UNITED STATES OF AMERICA, INC.

National Headquarters
P.O. Box 5356
Astoria, NY 11105-5356
Telephone: (703) 549 – 3622

POST CHARTER APPLICATION

PROPOSED NAME OF POST _____

CITY _____ STATE _____ ZIP _____

TO BE FILLED IN BY CHAPTER (IF APPLICABLE)

CHAPTER NAME _____ DATE APPROVED _____

COMMANDER _____ ADJUTANT _____

TO BE FILLED IN BY DEPARTMENT

DEPARTMENT _____ DATE APPROVED _____

COMMANDER _____ ADJUTANT _____

TO BE FILLED IN BY NATIONAL DEPARTMENT

DATE RECEIVED _____ FEE _____ CHECK # _____

POST NAME _____ POST NUMBER _____

DATE APPROVED _____ CHARTER MAILED _____

CHARTER FORWARDED TO: _____

TEMPORARY OFFICERS – please print

ACTING COMMANDER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ACTING ADJUTANT _____

ACTING TREASURER _____

CHAPLAIN _____

I hereby attest that the following qualify as Catholics, and as veterans, and meet the eligibility requirements for membership. We do hereby submit formal application to organize a Post in the Catholic War Veterans of the United States of America, Inc.

ACTING COMMANDER OR CHAPLAIN SIGNATURE _____

PLEASE PRINT OR TYPE ALL INFORMATION

If additional space is required, please attach a supplemental list

1. NAME _____ PHONE _____
ADDRESS _____ EMAIL _____
CITY _____ STATE _____ ZIP _____

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