



## CATHOLIC WAR VETERANS AUXILIARY

OF THE UNITED STATES OF AMERICA, INC.

P.O. Box 5356

Astoria, NY 11105-5356 22314

703-549-3622

admin@cwv.org

### LIFE MEMBERSHIP APPLICATION

At a meeting of Auxiliary Unit \_\_\_\_\_  
Please print Auxiliary Unit **NAME** and **NUMBER**

on \_\_\_\_\_ the membership approved **Life Membership** in the **Catholic War**  
Date

**Veterans Auxiliary** for:

Name of Member: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

The Life Membership Fee is \$150.00 Please submit **two** checks with the application.

1. Payable to **CWVA National Department** in the amount of \$100.00

2. Payable to the **State Department** in the amount of \$50.00

If the submitting Auxiliary Unit is **not under jurisdiction of a State Department**, the full amount of **\$150.00** should be sent to the **CWVA National Department**.

Signatures: Post Commander \_\_\_\_\_

Auxiliary President \_\_\_\_\_

Priest/Chaplain \_\_\_\_\_

Application **must be forwarded thru Echelons** if the Auxiliary is under such Echelon jurisdiction. This is for informational purposes **only**. The applying Auxiliary Unit does **NOT** need the approval of their application from a State Department.

**Date Received by:**

Chapter \_\_\_\_\_

Department \_\_\_\_\_

**Mail Life Membership Card to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_