



AMVETS Post 40 Membership Application

Yes, I want to join AMVETS! I certify that I meet the membership requirements—
I am serving or have honorably served in the U.S. Armed Forces (Active, Guard or Reserve) after
September 15, 1940.

Membership Type: Annual (\$25.00*) Life (\$180.00*)

PLEASE PRINT

Name: _____

Address: _____

Address2: _____

City: _____ State: _____ Zip: _____

Gender: Male: Female:

Email Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Date of Birth: _____

Branch of Service: _____

Date Entered Service: _____

Date of Discharge: _____

Type of Discharge: _____

Spouse: _____

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* An amount that may vary from state to state or from post to post.

Members must be prepared to provide proof of military service. DD-214 MUST ACCOMPANY THIS FORM.

AMVETS Post Membership
9141 Jordon Dr.
Mentor, OH 44060