

Official Membership Application Form

The Korean War Veterans Association, Inc.

P. O. Box 407, Charleston, IL 61920-0407 (Telephone: 217-345-4414)

DO NOT WRITE IN THIS SPACE Assigned Membership Number: _____

KWVA Regular Annual Dues = \$25.00 + Associate Membership = \$ 25.00

MOH, Ex-POW, Gold Star Parent or Spouse & Honorary - \$0.00

Regular Life Membership: (May be paid in lump sum or 6 equal payments by check over a 12 month period.)

Ages up to and through 35 years of age:\$600

Ages 36 through 50 years of age:\$450

Ages 51 through 65 years of age:\$300

Ages 66 years of age and older:\$150

Please Check One: ☐ New Member ☐ Renewal Member (# _____)

Please Check One ☐ Medal of Honor ☐ Regular Member ☐ Regular Life Member ☐ Associate Member
☐ Ex-POW ☐ Honorary ☐ Gold Star Parent ☐ Gold Star Spouse

(Please Print)

Last Name _____ First Name _____ Middle/Maiden Name _____

Street _____ City _____ State _____ Zip _____

Apt. or Unit # (if Any) _____ Phone: (_____) _____ Year of Birth: _____

Email _____ Chapter Number/Name (if applicable) # 321

All Regular members please provide the following information if applicable

Unit(s) to which Assigned

Branch of Service

Dates of service:

Division ☐ Army

WithIN Korea were: (See criteria below)

Regiment ☐ Air Force

From _____ To _____

Battalion ☐ Navy

WithOUT Korea were: (See criteria below)

Company ☐ Marines

From _____ To _____

Other ☐ Coast Guard

"I certify, under penalty of law, that the above information provided by me for the purposes as indicated, is true and correct."

[If you are applying for membership in a category other than Section 1, par A.1., of the "Criteria for Membership" listed below, complete the "Certification of Eligibility for KWVA Membership" Form on page 2.]

Applicant Signature: _____ Date: _____

Note: If this is a GIFT Membership – please sign here to certify, under penalty of law, that to the best of your knowledge, ALL of the information you have provided about the Applicant is true and correct. [Note: If applicable, you must also complete and sign the Eligibility Form on page 2.]

Signature: _____ Relationship to Applicant: _____

Make checks payable to: KWVA – Mail to: Korean War Veterans Association Inc., P. O. Box 407, Charleston, IL 61920-0407 (Or you may pay by Credit Card)

Credit Card # _____ ☐ VISA ☐ MASTER CARD (only)

Expiration Date _____ V-Code _____ Your Signature _____

CERTIFICATION OF ELIGIBILITY FOR KWVA MEMBERSHIP

In addition to completing the KWVA Membership Application Form on page 1 above, persons applying for, and qualifying for, membership under one of the categories listed below, are also required to fill in the appropriate blanks, sign in the space provided below and attach this page to the completed Membership Application Form on page 1.

Check Only One Category

- ☐ **KATUSA:** I served in the Korean War as a member of the Korean Augmentation to the United States Army Forces. I have since relocated to the United States and became a United States Citizen on: Month ____ Day ____ Year _____. (Verification will be required)
- ☐ **Medal of Honor:** I am a Medal of Honor recipient and the date on which it was awarded was: Month ____ Day ____ Year ____.
- ☐ **Ex-POW:** I was held as a Prisoner of War by the North Koreans, Chinese, or Russian forces at some time during the period June 25, 1950 to the present, From: Month ____ Day ____ Year ____ To: Month ____ Day ____ Year ____.
- ☐ **Gold Star Parent:** I am the parent of: Name [print] _____, who was () killed in action, () missing in action or () died as a Prisoner of War during the Korean War on: Month ____ Day ____ Year ____.
- ☐ **Gold Star Spouse:** I am the spouse of: Name [print] _____, who was () killed in action, () missing in action or () died as a Prisoner of War during the Korean War on: Month ____ Day ____ Year ____.
- ☐ **Associate:** I have a legitimate interest in the affairs of the Korean War Veterans Association and agree to accept the terms and conditions set forth in its charter and bylaws. I do not qualify to be a Regular member.
- ☐ **Honorary:** I was elected as an Honorary Member of the KWVA by a vote of the NATIONAL Board of Directors on: Month ____ Day ____ Year ____.

"I certify, under penalty of law, that the above information provided by me for the purposes indicated is true and correct."

Applicant Signature: _____ Month ____ Day ____ Year ____

Check HERE If GIFT Membership

- ☐ **GIFT Membership:** I certify, under penalty of law, that to the best of my knowledge, ALL of the information I have provided about the Applicant is true and correct. I have included the required payment with this application.

Signature: _____ Month ____ Day ____ Year ____

Relationship to Applicant: _____

Adopted 3/13/2019, RO Approved 3/13/2019

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