



Coast Guard Combat Veterans Association
MEMBERSHIP APPLICATION
(Please Print Clearly)

SEND TO: Baker Herbert
PO Box 544
Westfield Center, OH 44251

PERSONAL DATA

Name: _____ Date: _____
Last First Middle Init

Address: _____
Street

City/State/ZIP: _____

Telephone: (____) _____ Date of Birth: _____

Do you have two (2) residences? YES NO

If YES, furnish the following information: (this is for the Quarterdeck Log mailings)

Name: _____ Date: _____
Last First Middle Init

Address: _____
Street

City/State/ZIP: _____

Telephone: (____) _____ When There?: _____ to _____

MILITARY DATA

Branch of Service Service Number From To

IMPORTANT: This application MUST be accompanied by either a copy of your discharge (both sides); or, a copy of a DD-214; or, a copy of a DD-215; or, a copy of NAV/CG-553; or, a copy of your letter of awards, or a copy of some other "Official" document that states your participation in or your direct support of a combat situation. You may further get a certified statement from a former shipmate who is a member of the CGCVA in "Good Standing," stating that you served with him on a particular ship/station during a particular period of time. Haitian service has recently been authorized the Armed Forces Expeditionary Medal that qualifies for membership.

Rank/Rate: Present @ Discharge @ Retirement _____

Dues: \$30.00 for 2 Years. Amount of Membership Dues Enclosed: _____

Make Check/M.O. Payable to: CGCOMVETS

Signature: _____ Date: _____