



U.S.S TUCSON POST 770

3015 S. KINNEY ROAD, TUCSON, ARIZONA 85713
TELEPHONE: 520-883-6304 EMAIL: amvetsnews@msn.com

MUST INCLUDE COPY OF DD214

MEMBERSHIP APPLICATION

I APPLY FOR ANNUAL (CIRCLE 1) LIFE MEMBERSHIP
FOR MEMBERSHIP YEAR _____ AND PRESENT \$ _____ FOR DUES
ON ____/____/____ \$45 FOR ANNUAL OR \$350 FOR
LIFE

NAME _____

FIRST M LAST

WINTER ADDRESS _____

CITY STATE ZIP CODE

SUMMER ADDRESS _____

CITY STATE ZIP CODE

PHONE # _____

DOB: ____/____/____

MAIL INFORMATION: MAIL PICKUP E-MAIL

E-MAIL ADDRESS _____

SEX: M F

BRANCH OF SERVICE _____

SERVICE # _____

MONTH & YEAR ENTERED _____

MONTH & YEAR DISCHARGED _____

SPOUSE FIRST NAME: _____

PRINT SPONSOR/RECRUITER'S NAME _____

TEMPORARY MEMBERSHIP CARD

I _____ HAVE RECEIVED
\$ _____ FROM _____ FOR AMVETS
POST 770 DUES ON ____/____/____ MY PHONE # Is
() _____

THIS RECEIPT IS EFFECTIVE _____ FOR 60 DAYS
ONLY ANY QUESTIONS REFER TO POST 770 ADJUTANT
(520)883-6304

(OVER)

APPLICANT PLEASE READ & SIGN BELOW

I CERTIFY I HAVE SERVED OR AM CURRENTLY SERVING IN THE
ARMED FORCES OF THE UNITED STATES, THE NATIONAL
GUARD AND/OR THE RESERVES AFTER 15 SEPTEMBER 1940
AND THAT SERVICE WHEN TERMINATED BY DISCHARGE OR
RELEASE WAS UNDER HONORABLE CONDITIONS. I ALSO
UNDERSTAND THAT I MAY BE ASKED TO PROVIDE PROOF OF
MEMBERSHIP ELIGIBILITY IN THE AMVETS ORGANIZATION.

APPLICANT'S SIGNATURE: _____

NEW MEMBER PROFILE

OCCUPATION: _____

HOBBIES, ACTIVITIES, INTEREST, ECT: _____

NAME OF NEAREST RELATIVE NOT LIVING WITH YOU _____

(FOR EMERGENCY PURPOSES ONLY)

EMERGENCY PHONE # _____

BLOOD TYPE _____ BLOOD DONOR? Y N

WOULD YOU LIKE TO RECEIVE INFORMATION
ABOUT POST ACTIVITIES? Y N

PLEASE FOLD ON LINE BELOW AND RETAIN
BOTTOM PORTION AS YOUR TEMPORARY
MEMBERSHIP CARD.

AMVETS POST 770 PHONE # (520) 883-6304

POST MEMBERS MEET THE

1ST SUNDAY OF EACH MONTH AT 10:00 A.M.

AT 3015 S KINNEY ROAD, TUCSON, ARIZONA

THANK YOU FOR JOINING AMVETS POST 770