



APPLICATION FOR MEMBERSHIP

Regular Life Associate

OUR CREED: "To perpetuate the memory of our shipmates who gave their lives in the pursuit of their duties while serving their country. That their dedication, deeds and supreme sacrifice be a constant source of motivation toward greater accomplishments. Pledge loyalty and patriotism to the United States of America & its Constitution."

With my signature below I affirm that I subscribe to the Creed of the United States Submarine Veterans, Inc., and agree to abide by the Constitution, all Bylaws, Regulations and Procedures governing the U.S. Submarine Veterans, Inc., so long as they do not conflict with my military or civil obligations. I will furnish further proof of my eligibility for Regular or Life membership, including an Honorable Discharge and U.S. Navy (SS) Designation, if required by proper authority.

Signature: _____ **Date:** ____/____/____

Name: (Print /Type) _____ **Address:** _____

City: _____ **State:** _____ **Zip Code:** _____ - _____ **Tel:** (____) _____ - _____

Your E-Mail Address _____ **Base/Chapter Desired:** Mid-Atlantic

The Dues year runs from Jan 1st thru Dec 31st. Please indicate your choice of option:
Nat'l Dues: 5 Yr dues: \$ 90.00; 3 Yr dues: \$ 55.00; 1 yr dues (Jan-Sep) \$ 20.00; (Oct thru Dec + 1 yr): \$ 25.00
Nat'l Life: 76+ yrs = \$100.00; 66 thru 75 = \$200; 56 thru 65 = \$ 300.00; 46 thru 55 = \$400.00; Thru 45 yrs = \$ 500.00
Plus
Annual Base Dues \$10 (1st year) - \$10 (Subsequent years)

Who is your sponsoring USSVI Regular Member?: (Mandatory for Assoc Mbrs) _____
Associate Applicant is: Veteran Spouse of Veteran Other (specify) _____

YOUR NAVY BIOGRAPHICAL DATA (New Members/Updates/Changes)

Please provide the information requested below. This information will be retained in the National and/or Base Database. Individual Bases may request additional data for their specific use only.

Date Of Birth (MM/DD/YY) ____/____/____ **If other military service, What Branch?** _____

Highest Rate/Rank Attained: _____ **Mil Retired (Y/N):** _____ **On Active Duty? (Y/N):** _____

YR you entered Service: _____ **YR you left Service** _____ (Include any reserve time as well.)

Qual Boat: _____ **Hull#** _____ **Qual Date (MM/YY)** ____/____ **From Yr.** _____ **to** _____

Other Boats: _____ **Hull#** _____ **From Yr.** _____ **to** _____

_____ **Hull#** _____ **From Yr.** _____ **to** _____

_____ **Hull#** _____ **From Yr.** _____ **to** _____

_____ **Hull#** _____ **From Yr.** _____ **to** _____

_____ **Hull#** _____ **From Yr.** _____ **to** _____

_____ **Hull#** _____ **From Yr.** _____ **to** _____

Your Spouse or other Next of Kin: **Name:** _____ **Relationship:** _____ **Spouse Birthday Month** _____

Addr: _____ **City:** _____ **State:** _____ **Zip:** _____ **Tel:** _____

(Leave this line blank if the same as your home address)

Applicants serving on active duty are requested to provide a permanent address through which they may be contacted.
(Continue on back if necessary)

Upon completion, please deliver to: Mid-Atlantic Base Secretary, or
Mail to: USSVI Mid-Atlantic Base, %Roger Reeves, 11 Alderleaf Drive, Lewes, DE 19958-9463
Questions: Call 1-877-542-DIVE or email office@ussvi.org