



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 Government."

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.

Base
Dues
\$15
Per
Year

National Dues: 1 Yr \$25, 3 Yrs \$70, 5 Yrs \$115	
Life Membership: Age	Cost
+76	\$100
66-75	\$200
56-65	\$300
46-55	\$400
Under 45	\$500

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

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

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

E-Mail Address (If applicable) _____ **Base Desired:** Snug Harbor

Sponsor: _____ **(Associate or Groton Base Membership Only)**

Associate Applicant is: Veteran Spouse of Veteran Other (specify) _____

BIOGRAPHICAL DATA (New Members/Update/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) ____/____/____ **Spouse:** _____

Highest Rank Attained: _____ **Retired (Y/N):** ____ **Active Duty (Y/N):** ____

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** ____

Next of Kin if other than Spouse: Name: _____ **Relationship(optional)** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____ - _____

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

Return Completed Form to : Snug Harbor Base Membership
1705 Deleon Ave Apt 24
Titusville, FL 32780
Make Checks Payable to:
"USSVI-Snug Harbor Base"

