



# 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."

Annual Dues: \$40	
Life Membership: Age	Cost
+76	\$140
66-75	\$300
56-65	\$480
46-55	\$640
Under 45	\$800

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 or Type)** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_ **Tel: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_**

**E-Mail Address (If applicable)** \_\_\_\_\_ **Base Desired: Cincinnati Base**

**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: **Dennis Griffith, Membership Chair, 6927 Crestview Lane, Hillsboro, OH 45133**  
Make Checks Payable to: **USSVI - Cincinnati Base**