AMVETS Membership Application

Yes, I want to join AMVETS! I certify that I meet the membership requirements—
I am serving or have honorably served in the U.S. Armed Forces (Active, Guard or Reserve) after September 15, 1940.

Membership Type: ☐ MAL Annual ($30.00*) ☐ Life ($250.00 *as of 1/1/2012)

Name: _____

Address: _____

City: _____

State: _____ **ZIP Code:** _____

Gender: ☐ Male ☐ Female

E-mail Address: _____

Home Phone: _____

Date of Birth: _____

Branch of Service: _____

Date Entered Service: _____

Date of Discharge: _____

Type of Discharge: _____

Method of Payment: ☐ VISA ☐ MasterCard ☐ Check or Money Order

Credit Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Date: ____ /____ $_____ CSV_____ *(3 digit code on back)*

Signature: _____

Date: _____

** A national minimum amount that many vary from state to state or from post to post.*

Members must be prepared to provide proof of military service.

AMVETS Department of Ohio Membership

960 Checkrein Ave.
Columbus, Ohio 43229
614-431-6990
www.ohamvets.org