

Official Membership Application Form

The Korean War Veterans Association, Inc.

3 Black Skimmer Ct., Beaufort, SC 29907

DO NOT WRITE IN THIS SPACE

Assigned Membership Number: _____

KWVA Regular Annual Dues - \$25.00 | Associate Membership - \$25.00 | MOH, Ex-POW, Gold Star Parent or Spouse & Honorary - \$0.00

Regular Life Membership: (May be paid in lump sum or 6 equal payments by check over a 12 month period.)

Ages up to and through 35 years of age: \$600

Ages 36 through 50 years of age: \$450

Ages 51 through 65 years of age: \$300

Ages 66 years of age and older: \$150

Ages 80 years and older: \$75

Please Check One: ☐ New Member ☐ Renewal Member # _____

Please Check One: ☐ Medal Of Honor ☐ Regular Member ☐ Regular Life Member ☐ Associate Member
☐ Ex-POW ☐ Honorary ☐ Gold Star Spouse ☐ Gold Star Parent

(Please Print)

Last Name: _____ First Name: _____ Middle/Maiden Name _____

Street _____ City _____ State _____ Zip _____

Apartment or Unit #(if any) _____ Phone _____ - _____ - _____ Year of Birth _____

Email _____

Chapter Number/Name (if applicable) # _____

-All applicants for Regular Membership please provide the following information-

Unit(s) to which Assigned

Division _____

Regiment _____

Battalion _____

Company _____

Other _____

Service Branch

☐ Army

☐ Air Force

☐ Navy

☐ Marines

☐ Coast Guard

Dates of service:

WithIN Korea were: (See criteria below)

From: _____ To: _____

WithOUT Korea were: (See criteria below)

From: _____ To: _____

"I certify, under penalty of law, that the above information provided by me is true and correct."
[If you are applying for membership in a category other than Section 1, par A.1., of the "Criteria for Membership" listed below, complete the "Certification of Eligibility for KWVA Membership" Form on page 2.]

Applicant Signature: _____ Date: _____

Note: If this is a GIFT Membership – please sign here to certify, under penalty of law, that to the best of your knowledge, ALL of the information you have provided about the Applicant is true and correct.

[Note: If applicable, you must also complete and sign the Eligibility Form on page 2.]

Signature: _____ Relationship to Applicant: _____

Make checks payable to: KWVA - Mail to: KWVA Membership Office – PO Box 407 – Charleston, IL 61920-0407.

(Or you may pay by Credit Card)

Credit Card # _____ ☐ VISA ☐ MASTER CARD (ONLY)

Expiration Date ____/____/____ V-Code _____ Signature _____

CERTIFICATION OF ELIGIBILITY FOR KWVA MEMBERSHIP

In addition to completing the KWVA Membership Application Form on page 1 above, persons applying for, and qualifying for, membership under one of the categories listed below, are also required to fill in the appropriate blanks, sign in the space provided below and attach this page to the completed Membership Application Form on page 1.

Check Only
One Category

_____ **Medal of Honor:** I am a Medal of Honor recipient and the date on which it was awarded was:
Month _____ Day _____ Year _____.

_____ **Ex-POW:** I was held as a Prisoner of War by the North Koreans, Chinese, or Russian forces at some time during the period June 25, 1950 to the present,
From: Month _____ Day _____ Year _____ To: Month _____ Day _____ Year _____.

_____ **Gold Star Parent:** I am the parent of: Name [print] _____, who was
() killed in action, () missing in action or () died as a Prisoner of War during the Korean War
on: Month _____ Day _____ Year _____.

_____ **Gold Star Spouse:** I am the spouse of: Name [print] _____, who was
() killed in action, () missing in action or () died as a Prisoner of War during the Korean War
on: Month _____ Day _____ Year _____.

_____ **Associate:** I have a legitimate interest in the affairs of the Korean War Veterans Association and agree to accept the terms and conditions set forth in its charter and bylaws. I do not qualify to be a Regular member.

_____ **Honorary:** I was elected as an Honorary Member of the KWVA by a vote of the Board of Directors
on: Month _____ Day _____ Year _____.

"I certify, under penalty of law, that the above information provided by me for the purposes indicated is true and correct."

Applicant Signature: _____ Month _____ Day _____ Year _____

Check HERE If
Gift Membership

_____ **GIFT Membership:** I certify, under penalty of law, that to the best of my knowledge, ALL of the information I have provided about the Applicant is true and correct. I have included the required payment with this application.

Signature: _____ Month _____ Day _____ Year _____

Relationship to Applicant: _____

CRITERIA FOR MEMBERSHIP IN THE KOREAN WAR VETERANS ASSOCIATION, INC.

Section 1. Qualifications of Members. Membership in this Association shall consist of Regular, Associate and Honorary Members. No person shall be excluded from membership because of race, color, creed, sex, national or ethnic origin, or physical or mental disability, as long as the individual meets the criteria of service requirements as stipulated below. Only Regular Members as defined in A. below have a vote in National or Department matters.

A. Regular Members.

1. **Service in the United States Armed Forces.** Any person who has seen honorable service in any of the Armed Forces of the United States, defined as Army, Navy, Marines, Air Force and Coast Guard, is eligible for membership if:
 - a. Said service was within Korea including territorial waters and airspace at any time, September 3, 1945 to Present, or
 - b. Said service was outside of Korea, June 25, 1950 to January 31, 1955.
2. **Medal of Honor.** Any KWVA Member, who is a Medal of Honor recipient, is eligible for free life membership. A signed statement of their eligibility for membership [Application Form page 2] must be provided for approval.
3. **Prisoner of War.** Any person held as a prisoner of war by the North Koreans, Chinese, or Russian forces during and after the period of hostilities from June 25, 1950 forward is eligible for free life membership. A signed statement of their eligibility for membership [Application Form page 2] must be provided for approval.
4. **Gold Star Parents.** Any parent whose son/daughter was killed in action, or was missing in action, or died as a prisoner of war during the Korean War (June 25, 1950 to the present) is eligible for free life membership. A signed statement of their eligibility for membership [Application Form page 2] must be provided for approval.
5. **Gold Star Spouses.** Any person whose spouse was killed in action, missing in action, or died as a prisoner of war during the Korean War (June 25, 1950 to the present) is eligible for free life membership. A signed statement of their eligibility for membership [Application Form page 2] must be provided for approval.

B. Associate Members.

1. Must not be eligible for Regular membership.
2. Any person with a legitimate interest in the affairs of this Association and who wishes to support its aims, and not being eligible for Regular Membership; and who agrees to accept the terms and conditions set forth in the KWVA Charter and its Bylaws and Standard Procedure Manual, shall be eligible for Associate Membership in the Association. A signed statement of their eligibility for membership [Application Form page 2] must be provided for approval.

C. Honorary Members. Any person of good character may be elected as Honorary Member by vote by the Board of Directors. A signed statement of their eligibility for membership [Application Form page 2] must be provided for approval.

D. Ineligible. Any person who has been separated from the service of the Armed Forces of the United States under conditions other than honorable shall be ineligible for membership in this Association.

WEB SITE: www.kwva.us