**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 proof of my eligibility for Regular membership, including my discharge under honorable conditions, and proof of my U.S. Navy (SS) Designation, if required by the Base or the national Membership Chairman. If I am not discharged, the discharge requirement is waived. If I am not U.S. N. submarine qualified, I am applying as an Associate and my sponsor is indicated below.

□ I certify that I was designated qualified in USN Submarines aboard USS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_ (Yr)

(Honorary designations regardless of source do not apply under any circumstances.)

□ I certify that I received a discharge under Honorable Conditions (if not currently in military service) in \_\_\_\_\_\_\_ (Yr)

**Name: (**Print /Type**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**

**Your E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Base/Chapter Desired: USS Virginia Base**

**The Member Dues year runs from Jan 1st thru Dec 31st. Please indicate your term preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nat’l Dues: 5 Yr term: $185.00; 3 Yr term: $113.00; 1 yr term (Jan thru Sep) $40.00; (Oct thru Dec adds the next yr): $47.00**

**Nat’l Life: 76+ yrs = $150.00; 66 thru 75 yrs = $300; 56 thru 65 yrs = $ 450.00; 46 thru 55 = $625.00; Thru 45 yrs = $ 750.00**

**USS Virginia Base dues are separate and additional.**

**USS Virginia Base dues: 1 yr term $20.00; 3 yr term $55.00; 5 yr term $90.00**

**Please indicate your term preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you find USSVI? □ Friend, □ Boat Assn, □ Local Event/News, □ Internet, □ Other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

**Who is your sponsoring USSVI Regular Member?: (Mandatory for Assoc Mbrs) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Associate Applicant is: Veteran Spouse of Veteran Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Upon completion, please deliver to: Joe Rodrigues, or,**

# Mail to: Joe Rodrigues, 4506 Martinson Lane, Prince George Virginia 23875.

# Questions: Call 1-804-541-1330 or Email dad2two\_1@juno.com

**YOUR U.S. NAVY BIOGRAPHICAL DATA**

**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 entered Mil Service: \_\_\_\_\_\_ YR left Mil Service \_\_\_\_\_ (Active/Inactive reserve time also counts.)**

**Submarines and ships served aboard as ship’s company (Use back if you need more space.)**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hull#\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From Yr.\_\_\_\_ to Yr. \_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hull#\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From Yr.\_\_\_\_\_ to Yr. \_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hull#\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From Yr.\_\_\_\_ to Yr. \_\_\_\_\_**
4. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hull#\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From Yr.\_\_\_\_\_ to Yr. \_\_\_\_\_**
5. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hull#\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From Yr.\_\_\_\_ to Yr. \_\_\_\_\_**

**Next of Kin: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_ (Spouse, Partner, Son, Dau, Parent, Other)**

**Addr:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Applicants on active duty are requested to provide a permanent home address.**