



# APPLICATION FOR USSVI MEMBERSHIP

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 membership, including an Honorable Discharge and U.S. Navy (SS) Designation, if required and upon request by proper USSVI authority.

### TERM: Nat'l/Base Dues

? 5 Yr: \$140.00 ? 3 Yr \$ 85.00  
? 1 Yr: \$ 30.00

### NATIONAL LIFE :

? 76+ = \$ 100.00 ? 66 to 75 = \$ 200.00  
? 56 to 65 = \$ 300.00 ? 46 to 55 = \$ 400.00  
? Thru 45 = \$ 500.00

### LOCAL CHAPTER DUES:

? Included above, note some bases have a local surcharge Base dues not included in National Life Dues .  
? Select preferred Base (chapter) below or  
? Assign Me to nearest base

### Applicant is: (Check all that apply)

- ? US Sub Qualified: (Regular Membership eligible) ? USN ? USNR ? OFFICER ? CHIEF ? ENLISTED ? ON ACTIVE DUTY
- ? Not US Sub Qualified: (Associate Membership eligible)
- If not US Sub qualified, Applicant is: ? Sub Force Support Veteran ? Other Veteran (Branch: \_\_\_\_\_) ? Spouse of Veteran
- ? Other Active Duty Military ? Foreign Sub Qualified (What Nation: \_\_\_\_\_) ? Other (specify) \_\_\_\_\_

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

Name: (Print or Type) \_\_\_\_\_ Address: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_ Base (Chapter) Desired: \_\_\_\_\_

**(If unsure about Chapter locations, contact 877-542-DIVE for information about the locations closest to you.)**

Sponsor: \_\_\_\_\_ (Associate or Groton Base Membership Only)

## BIOGRAPHICAL DATA (New Members/Updates/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) \_\_\_/\_\_\_/\_\_\_ Years of Mil Service: FROM: \_\_\_\_\_ TO \_\_\_\_\_

Spouse \_\_\_\_\_ Mil Job/Rating: \_\_\_\_\_

Highest Rank Attained: \_\_\_\_\_ Mil 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.

Upon completion, please deliver to Your local chapter (Base) Secretary or, if you do not know of a location near you, mail your application with your check to: USSVI National Office, P.O. Box 3870, Silverdale, WA 98383-3870  
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