



AMVETS Membership Application

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

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE** _____ **(9 DIGIT)**

TELEPHONE: _____ **DATE OF BIRTH:** _____

GENDER: (Please Check One) ___ MALE ___ FEMALE

EMAIL ADDRESS: _____

HOME PHONE: _____

DATE OF BIRTH: _____

BRANCH OF SERVICE: _____

DATE ENTERED SERVICE: _____

DATE OF DISCHARGE: _____

TYPE OF DISCHARGE: _____

Fill out the application and mail to:

**JOHN P. McKEON POST AMVETS #146
4 Hill Top Street
Dorchester, MA 02124-5843**

*Copy of DD214 is required with application.
First year of membership is free.*

Any questions please call: (617) 436-2911