



APPLICATION FOR USSVI MEMBERSHIP CHARLESTON, SC BASE



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 and its constitution"

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

National Annual Dues:

5 yr: \$90 3 yr: \$55 1 year: \$20

National Life Dues:

(under 45: \$500) (46 to 55: \$400) (56 to 65: \$300)
(66 to 75: \$200) (76+: \$100)

Charleston Base Annual Dues: \$15

Charleston Base Life Dues:

(45-54: \$325) (55 to 64: \$175) (65+: \$100)

Signature: _____ Date: ____ / ____ / ____

Name: (Print or Type) _____ Address: _____

City: _____ State: ____ Zip+4: _____ Tel: (____) _____

E-Mail Address: _____ National Life Member #: _____

**National Membership Type: Life Annual

**Charleston Base Membership Type: Life Annual

** Must be a national member to be a base member

Biographical Data

Please provide the information requested below. This information will be retained in the National and/or Base Database

Date Of Birth (MM/DD/YY): ____ / ____ / ____ Date Entered Military (MM/DD/YY): ____ / ____ / ____

Spouse/Partner: _____ Date Left Military (MM/DD/YY): ____ / ____ / ____

Highest Rate & Rating or Rank (i.e. ETCS or MMC or LCDR, etc.): _____ Retired (Y/N): ____ Year ____ Active Duty (Y/N): ____

Qual Boat: _____ Hull#: _____ Qual Date: (MM/YY) _____ From Yr. ____ to ____

Other Boats: _____ Hull#: _____ Crew: _____ From Yr. ____ to ____

_____ Hull#: _____ Crew: _____ From Yr. ____ to ____

_____ Hull#: _____ Crew: _____ From Yr. ____ to ____

_____ Hull#: _____ Crew: _____ From Yr. ____ to ____

_____ Hull#: _____ Crew: _____ From Yr. ____ to ____

_____ Hull#: _____ Crew: _____ 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
(Continue on back if necessary)

Upon completion, please send to: Membership Chairman, 217 Brailsford Rd, Summerville, SC 29485-5405
Make checks payable to: USSVI