



**MEMBERSHIP APPLICATION
CATHOLIC WAR VETERANS AUXILIARY
441 North Lee Street - Alexandria, VA 22314-2301
Phone: 703-549-3622
FAX: 703-684-5196
E-MAIL: cwvlmt@comcast.net**

**I, a Catholic and a citizen of the United States, hereby apply for
Active Membership in the Catholic War Veterans Auxiliary in**

_____ Auxiliary No. _____

Name _____

Address _____

City _____ State _____ Zip _____

Church Where Baptized _____

City _____ State _____

Relationship of Veteran _____

Name of Veteran _____

Signature Date Applicant's

Chaplain _____ Endorsed by _____

THIS IS A PERMANENT RECORD

Catholic War Veterans Auxiliary Date _____

Received from _____

the sum of _____ as payment of Annual

Auxiliary Membership in _____ Aux. No. _____

Secretary _____