

Official Membership Application Form

The Korean War Veterans Association, Inc.

PO Box 407, Charleston, IL 61920-0407 (Telephone: 217-345-4414)

DO NOT WRITE IN THIS SPACE Assigned Membership Number: _____

KWVA Regular Annual Dues - \$25.00 | Associate Membership - \$16.00 | MOH, Ex-POW, Gold Star Parent or Spouse & Honorary - \$0.00
Regular Life Membership: (May be paid in lump sum or 6 equal payments by check over a 12 month period.)
Ages up to and through 35 years of age: \$600 Ages 36 through 50 years of age: \$450
Ages 51 through 65 years of age: \$300 Ages 66 years of age and older: \$150

Please Check One: New Member (Source: _____)
 Renewal Member # _____

Please Check One: Medal Of Honor Regular Member Regular Life Member Associate Member
 Ex-POW Honorary Gold Star Spouse Gold Star Parent

(Please Print)

Last Name: _____ First Name: _____ Middle Initial: _____
Street _____ City _____ State _____ Zip _____
Apartment or Unit #(if any) _____ Phone _____ - _____ - _____ Year of Birth _____
Email _____
Chapter Number/Name (if applicable) # _____

-All applicants for Regular Membership please provide the following information-

Unit(s) to which Assigned	Service Branch	Dates of service:
Division _____	<input type="checkbox"/> Army	WithIN Korea were: (See criteria below)
Regiment _____	<input type="checkbox"/> Air Force	From: _____ To: _____
Battalion _____	<input type="checkbox"/> Navy	Without Korea were: (See criteria below)
Company _____	<input type="checkbox"/> Marines	From: _____ To: _____
Other _____	<input type="checkbox"/> Coast Guard	

"I certify, under penalty of law, that the above information provided by me is true and correct."
[If you are applying for membership in a category other than Section 1, par A.1., of the "Criteria for Membership" listed below, complete the "Certification of Eligibility for KWVA Membership" Form on page 2.]

Applicant Signature: _____ Date: _____

Note: If this is a GIFT Membership – please sign here to certify, under penalty of law, that to the best of your knowledge, ALL of the information you have provided about the Applicant is true and correct.
[Note: If applicable, you must also complete and sign the Eligibility Form on page 2.]

Signature: _____ Relationship to Applicant: _____

Make checks payable to: KWVA - Mail to: KWVA Membership Office - PO Box 407 - Charleston, IL 61920-0407.

(Or you may pay by Credit Card)

Credit Card # _____ VISA MASTER CARD Discover

Expiration Date ____/____/____ V-Code _____ Signature _____

CERTIFICATION OF ELIGIBILITY FOR KWVA MEMBERSHIP

In addition to completing the KWVA Membership Application Form on page 1 above, persons applying for, and qualifying for, membership under one of the categories listed below, are also required to fill in the appropriate blanks, sign in the space provided below and attach this page to the completed Membership Application Form on page 1.

**Check Only
One Category**

_____ **Medal of Honor:** I am a Medal of Honor recipient and the date on which it was awarded was:
Month _____ Day _____ Year _____.

_____ **Ex-POW:** I was held as a Prisoner of War by the North Koreans, Chinese, or Russian forces at some time during the period June 25, 1950 to the present,
From: Month _____ Day _____ Year _____ To: Month _____ Day _____ Year _____.

_____ **Gold Star Parent:** I am the parent of: Name [print] _____, who was
() killed in action, () missing in action or () died as a Prisoner of War during the Korean War
on: Month _____ Day _____ Year _____.

_____ **Gold Star Spouse:** I am the spouse of: Name [print] _____, who was
() killed in action, () missing in action or () died as a Prisoner of War during the Korean War
on: Month _____ Day _____ Year _____.

_____ **Associate:** I have a legitimate interest in the affairs of the Korean War Veterans Association and agree to accept the terms and conditions set forth in its charter and bylaws. I do not qualify to be a Regular member.

_____ **Honorary:** I was elected as an Honorary Member of the KWVA by a vote of the Board of Directors
on: Month _____ Day _____ Year _____.

"I certify, under penalty of law, that the above information provided by me for the purposes indicated is true and correct."

Applicant Signature: _____ Month _____ Day _____ Year _____

**Check HERE If
Gift Membership**

_____ **GIFT Membership:** I certify, under penalty of law, that to the best of my knowledge, ALL of the information I have provided about the Applicant is true and correct. I have included the required payment with this application.

Signature: _____ Month _____ Day _____ Year _____

Relationship to Applicant: _____

CRITERIA FOR MEMBERSHIP IN THE KOREAN WAR VETERANS ASSOCIATION, INC.

Section 1. Qualifications of Members. Membership in this Association shall consist of Regular, Associate and Honorary Members. No person shall be excluded from membership because of race, color, creed, sex, national or ethnic origin, or physical or mental disability, as long as the individual meets the criteria of service requirements as stipulated below. Only Regular Members as defined in A. below have a vote in National or Department matters.

A. Regular Members.

1. **Service in the United States Armed Forces.** Any person who has seen honorable service in any of the Armed Forces of the United States, defined as Army, Navy, Marines, Air Force and Coast Guard, is eligible for membership if:
 - a. Said service was within Korea including territorial waters and airspace at any time, September 3, 1945 to Present, or
 - b. Said service was outside of Korea, June 25, 1950 to January 31, 1955, or
 - c. Said service was as a member of the Korean Augmentation to the United States Army (KATUSA) any time September 3, 1945 to Present, who has become a citizen of the United States of America.
2. **Medal of Honor.** Any person qualifying to be a Regular Member, who is a Medal of Honor recipient, is eligible for free life membership. A signed statement of their eligibility for membership must be provided for approval.
3. **Prisoner of War.** Any person qualifying to be a Regular Member and was held as a prisoner of war by the North Koreans, Chinese, or Russian forces during and after the period of hostilities from June 25, 1950 forward, is eligible for free life membership. A signed statement of their eligibility for membership [Application Form page 2] must be provided for approval.

B. Associate Members.

1. Must not be eligible for Regular membership.
2. Any person with a legitimate interest in the affairs of this Association and who wishes to support its aims, and not being eligible for Regular Membership; and who agrees to accept the terms and conditions set forth in the KWVA Charter and its Bylaws and Standard Procedure Manual, shall be eligible for Associate Membership in the Association. A signed statement of their eligibility for membership [Application Form page 2] must be provided for approval.

C. Gold Star Parents. Any person whose son/daughter was killed in action, or was missing in action, or died as a prisoner of war while serving within Korea including territorial waters around and airspace above during the Korean War (June 25, 1950 to the present) is eligible for free life membership. A signed statement of their eligibility for membership must be provided for approval.

D. Gold Star Spouses. Any person whose spouse was killed in action, or was missing in action, or died as a prisoner of war while serving within Korea including territorial waters around and airspace above during the Korean War (June 25, 1950 to the present) is eligible for free life membership. A signed statement of their eligibility for membership must be provided for approval.

E. Honorary Members. Any person of good character may be elected as Honorary Member by vote by the Board of Directors. A signed statement of their eligibility for membership [Application Form page 2] must be provided for approval.

F. Ineligible. Any person who has been separated from the service of the Armed Forces of the United States under conditions other than honorable shall be ineligible for membership in this Association.

WEB SITE: www.kwva.us