

APPLICATION FOR MOPH MEMBERSHIP

Please print clearly all information

CHAPTER # 776

NAME _____ PHONE (office) _____

ADDRESS _____ PHONE (home) _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ FAX _____

DATE OF BIRTH _____

SERVICE: _____ ARMY _____ NAVY _____ AIR FORCE _____ MARINES _____ COAST GUARD

WAR WOUNDED: _____ WW I _____ WW II _____ KOREA _____ VIETNAM _____ OTHER

MILITARY UNIT: _____ DATE OF BIRTH: _____

DATE ENTERED SERVICE: _____ DATE DEPARTED SERV/ DISCHARGED: _____ SERIAL NO. _____

DATE WOUNDED: _____ ENGAGEMENT: _____ VA CLAIM NO. _____

APPLICANTS SIGNATURE: _____ SOCIAL SEC NO. _____

NEXT OF KIN: _____ RELATIONSHIP: _____

APPLICANT SIGNED UP BY CURT EBITZ, Chapter 776

ARTICLE II Sections 5 and 6 of the MOPH Bylaws were changed at the 1999 National Convention to require that a copy of the document, as evidence supporting the award of the Purple Heart, must accompany each application for membership. One of the following documents that reflect the award of the Purple Heart must be submitted with the Membership Application to National Headquarters:

_____ DD214 _____ DD215 _____ WD AGO53-55 _____ General Orders

IMPORTANT NOTE: ALTERED DOCUMENTS CONSTITUTE AUTOMATIC DENIAL OF MEMBERSHIP

My check in payment for _____ Annual Dues _____ Life Membership is enclosed.

CREDIT CARDS MAY BE USED ONLY FOR FULL PAYMENT OF LIFE MEMBERSHIP DUES

Amount Charged for Life Membership: _____ \$125 _____ \$100 _____ \$75

Credit Card Number: _____ Expiration Date: _____

Card (Check one): _____ VISA _____ MASTERCARD _____ DISCOVER

Signature of Cardholder is required

Reminder: Payments for dues and services cannot be deducted as charitable contributions (IRS Code).

**PRINT APPLICATION, FILL OUT AND MAIL TO:
Military Order of the Purple Heart, National Headquarters
5413-B Backlick Rd., Springfield, VA 22151-3960**