

APPLICATION FOR MOPH MEMBERSHIP

Please print clearly all information

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 _____

OEF _____ OIF _____ OTHER _____

MILITARY UNIT: _____ DATE OF BIRTH: _____

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

DATE WOUNDED: _____ LOCATION OF 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

Pay by check OR credit card

Type of Membership: Life Member (Pay in Full) \$50 Life Member (Installment Plan) \$25
Second payment of \$25 to be made 24 months of date this application was received.

■ I have enclosed my check in the amount of \$ _____

OR

■ 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