



## Application for Membership

Name: \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

Combat Unit Service: Yes \_\_\_ No \_\_\_

Wartime Service with Combat Unit: Yes \_\_\_ No \_\_\_

Where did you hear about NAMC: \_\_\_\_\_

Recruiter: \_\_\_\_\_

Signature: \_\_\_\_\_ / Date \_\_\_\_\_

Instructions: Print, fill in with pen, and send check with  
Dues and send photocopy of DD214 to:  
Rick Calef, NAMC Treasurer  
P.O. Box 594  
Colville, WA. 99114-0594  
Current Annual Dues \$20.00  
Life Membership Dues \$200.00 (over 55 \$150.00)  
100% Service Connected Disability Dues are waved