



AMVETS Post 917 Membership Form

Yes, I want to join AMVETS! I certify that I meet the membership requirements—
I am serving or have honorably served in the U.S. Armed Forces (Active, Guard or Reserve) after September 15, 1940.

Membership Type: Annual (\$32.00*) Life (\$250.00 *as of 1/1/2012)

Name: _____

Address: _____

City: _____

State: _____ ZIP Code: _____

Gender: Male Female

E-mail Address: _____

Home Phone: _____

Date of Birth: _____

Branch of Service: _____

Date Entered Service: _____

Date of Discharge: _____

Type of Discharge: _____

Method of Payment: Check or Money Order Payable to AMVETS Post 917

Signature: _____

Date: _____

** A national minimum amount that many vary from state to state or from post to post.*

Members must be prepared to provide proof of military service.

Print and Mail to:
AMVETS Post 917
49 The Boulevard
Staten Island, NY 10314-2201