

OUR CREED: "To perpetuate the memory of our shipmates who gave their lives in the pursuit of their duties while serving their country. That their dedication, deeds and supreme sacrifice be a constant source of motivation toward greater accomplishments. Pledge loyalty and patriotism to the United States of America & its Constitution."

With my signature below I affirm that I subscribe to the Creed of the United States Submarine Veterans, Inc., and agree to abide by the Constitution, all Bylaws, Regulations and Procedures governing the U.S. Submarine Veterans, Inc., so long as they do not conflict with my military or civil obligations. I will furnish proof of my eligibility for Regular membership, including my discharge under honorable conditions, and proof of my U.S. Navy (SS) Designation, if required by the Base or the national Membership Chairman. If I am not discharged, the discharge requirement is waived. If I am not U.S. N. submarine qualified, I am applying as an Associate and my sponsor is indicated below.

□ I certify that I was designated qualif		rines aboard		_ in (Yr)
\Box I certify that I received a discharge	e e		,	vice) in (Yr)
Name: (Print /Type)		Address:		
City:	State: Zip 0	Code:	Tel: ())
Signature:			Date:	
Your E-Mail Address	Base/Cha	Base/Chapter Desired:		
Nat'l Life: 76+ yrs = \$120.00; 66 thru 7	n: \$ 140.00; 3 Yr te (Oct thru Dec ad 5 yrs = \$240; 56 thr E DUTY PERSONEI	rm: \$85.00; 1 yr term (. ds the next yr): \$35.00 u 65 yrs = \$360.00; 46 t _ ARE COMPLIMENTAR	Jan thru Sep) \$ 30 hru 55 = \$500.00; Y FOR FIRST YEA	.00; Thru 45 yrs = \$ 600.00 R
How did you find USSVI?				
Who is your sponsoring USSVI Regular Member? (Mandatory for Assoc Mbrs) Associate Applicant is: □ Veteran □ Spouse of Veteran □ Other (specify)				
YOUR U.S. NAVY BIOGRAPHICAL DATA				
Date of Birth (MM/DD/YY) / / If other military service, What Branch?				
Highest Rate & Rank Attained: Mil Retired (Y/N): On Active Duty? (Y/N):				
YR entered Mil Service: YR left Mil Service (Active/Inactive reserve time also counts.)				
 Check if your Military Service falls 1950, thru Jan 31, 1955; Aug 5, 196 Check if you have been awarded 	4, thru May 7, 197	5; and from August 2, 1		1, 1946; June 27,
Submarines and ships serv	ed aboard as shi	<u>p's company</u> (Use bac	ck if you need m	ore space.)
1	Hull#	Rank/Rate	From Yr	to Yr
2	Hull#	Rank/Rate	From Yr	_ to Yr
3	Hull#	Rank/Rate	From Yr	to Yr
4	Hull#	Rank/Rate	From Yr	_ to Yr
Next of Kin: Name: Relationship: (Spouse, Partner, Son, Dagh, Parent, Other)				
Address: City: State: Zip: Tel: (Leave this address line blank if the same as your home address)				
Applicants on active			,	ess.
Upon completion, please deliver to: Mail to: USSVI	•	Secretary, or if you do not 1 . Box 3870, Silverdale, WA		tion near you,