



**AMVETS POST 1992
Membership Application**

Yes, I want to join AMVETS POST 1992. 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. **Print this Application, fill out and mail.**

Membership Type: Annual (\$30.00) Life (\$250.00)

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

Signature _____

Date: _____

**Members must provide proof of military service.
Send photocopy of Discharge, DD214 or copy of Military ID**
Send to: AMVETS POST 1992 Membership Department
32201 AMVETS WAY
MOUNT DORA FL 32757