



# APPLICATION FOR MEMBERSHIP

Regular ☐ Life ☐ Associate ☐

**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 and 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 further proof of my eligibility for Regular or Life membership, including an Honorable Discharge and U.S. Navy (SS) Designation, if required by proper authority.

☐ I certify that I was designated qualified in USN Submarines aboard \_\_\_\_\_ in \_\_\_\_\_ (Yr)  
(Honorary designations regardless of source do not apply under any circumstances.)

☐ I certify that I received a discharge under Honorable Conditions (if not currently in military service) in \_\_\_\_\_ (Yr)

**Name:** (Print /Type) \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_ **Tel:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

**Your E-Mail Address** \_\_\_\_\_ **Base/Chapter Desired:** Albany-Saratoga

The Dues year runs from Jan 1<sup>st</sup> thru Dec 31<sup>st</sup>. Please indicate your choice of option: \_\_\_\_\_

**Nat'l Dues:** 5 Yr term: \$ 140.00; 3 Yr term: \$ 85.00; 1 yr term (Jan thru Sep) \$ 30.00;

(Oct thru Dec adds the next yr): \$ 35.00 - **DUES FOR ACTIVE DUTY PERSONEL ARE COMPLIMENTARY FOR FIRST YEAR**

**Nat'l Life:** 76+ yrs = \$120.00; 66 thru 75 yrs = \$240; 56 thru 65 yrs = \$ 360.00; 46 thru 55 = \$500.00; Thru 45 yrs = \$ 600.00

**Albany-Saratoga Base dues:** \$ 15.00 per year. Make all checks payable to "Albany-Saratoga SubVets"

**Membership in our base will be processed after receipt of base and national dues.**

**Who is your sponsoring USSVI Regular Member?:** (Mandatory for Assoc Members) \_\_\_\_\_

**Associate Applicant is:** Veteran ☐ Spouse of Veteran ☐ Other (specify) ☐ \_\_\_\_\_

## YOUR NAVY BIOGRAPHICAL DATA (New Members/Updates/Changes)

Please provide the information requested below. This information will be retained in the National and/or Base Database. Individual Bases may request additional data for their specific use only.

**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 you entered Service:** \_\_\_\_\_ **YR you left Service** \_\_\_\_\_ (Include any reserve time as well.)

☐ Check if your military service falls within any of these time periods: Dec 7, 1941 thru Dec 31, 1946; Jun 27, 1950 thru Jan 31, 1955; Aug 5, 1964 thru May 7, 1975; and from Aug 2, 1990 to date.

☐ Check if you have been awarded an Expeditionary Medal

**Submarines and ships served aboard as ship's company** (Use back if you need more space)

_____	Hull# _____	From Yr. _____ to _____
_____	Hull# _____	From Yr. _____ to _____
_____	Hull# _____	From Yr. _____ to _____
_____	Hull# _____	From Yr. _____ to _____
_____	Hull# _____	From Yr. _____ to _____
_____	Hull# _____	From Yr. _____ to _____

**Your Spouse or other Next of Kin:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

(Leave this line blank if the same as your home address)

Send this form and dues money to: Albany Saratoga Base, USSVI, PO Box 4172, Clifton Park, NY 12065-0851, e-mail to: [rstein02@gmail.com](mailto:rstein02@gmail.com) or bring to any base meeting. Send one check to us and we will forward money to national. Applicants serving on active duty are requested to provide a permanent address through which they may be contacted.