



Guardians of the National Cemetery

OFFICIAL SUPPORT COMMITTEE FOR
WASHINGTON CROSSING NATIONAL CEMETERY
NEWTOWN, PENNSYLVANIA

GUARDIANS MEMBERSHIP APPLICATION

YEAR _____

NAME: _____ MEMBER # _____

ADDRESS: _____ DATE OF BIRTH: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAY PHONE: _____ EVENING PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

I AM APPLYING FOR VETERANS MEMBERSHIP: BRANCH OF SERVICE: _____ DATES OF SERVICE: _____
BY SIGNATURE BELOW I CERTIFY THAT I AM AN HONORABLY DISCHARGED VETERAN OF THE US MILITARY SERVICES OR ON ACTIVE DUTY/RETIRED OR RESERVE DUTY STATUS AND THE ATTACHED EVIDENCE (DD2 14 OR ID) IS TRUE AND CORRECT.

I AM APPLYING FOR ASSOCIATE MEMBERSHIP: (IF YOU ARE NOT US MILITARY VETERAN INITIAL HERE) _____

I WOULD LIKE TO VOLUNTEER FOR: _____ SUPPORT SERVICES:
_____ LADIES OF WASHINGTON CROSSING
_____ HONOR GUARD: CEREMONIAL RIFLE SQUAD
(Rifle Squad volunteers must be honorably discharged US veterans, and attach your DD-214 or ID)

IS THERE ANYTHING IN YOUR BACKGROUND THAT WOULD DISQUALIFY YOU TO SERVE (E.G., MILITARY DISCHARGE OTHER THAN HONORABLE, CRIMINAL CONVICTION, ETC.) YES: ___ NO: ___

Annual Membership Dues: ...\$20.00 **Donation: ... \$ _____**
Membership Dues are not tax deductible. *Donations are 501(c)(3) tax deductible.*

Total Amount Enclosed: \$ _____

Life Membership: \$125.00 **Donation: ...\$ _____** **Total Amount Enclosed: \$ _____**

I certify the above information is true and complete and that I may be discharged for false information on this application.

Signature: _____ **Date:** _____

Mail completed Application with Payment to:
GUARDIANS OF THE NATIONAL CEMETERY
P.O. Box 233
NEWTOWN, PA 18940-0233

Official Use Only	Veteran Membership _____	Associate Membership _____
Review Date: _____	Check #: _____	Cash: _____
Member Dues Amount: \$ _____	Donation Amount: \$ _____	
Total Received: \$ _____	Approval: _____	Secretary: _____ Treasurer: _____