

**AMERICAN ASSOCIATION OF NAVY HOSPITAL CORPSMEN™**  
**Application for Membership (Rev 8/27/2023)**

**PLEASE PRINT CLEARLY ALL INFORMATION**

NAME: \_\_\_\_\_ Nickname: \_\_\_\_\_ DOB: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, AND ZIP CODE: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

I would like for my phone and e-mail address listed in the roster. Yes \_\_\_\_\_ No \_\_\_\_\_

ANNUAL DUES ARE \$20.00 PER YEAR (Jan 1st to Dec 31st)

New member \_\_\_\_\_ Renewal: \_\_\_\_\_

Life membership fees:

Age 18-35	\$450.00	\$38.00 per month for one year
Age 36-50	\$350.00	\$30.00 per month for one year
Age 51-65	\$250.00	\$21.00 per month for one year
Age 66-79	\$180.00	\$15.00 per month for one year
Age 80-older	\$125.00	\$11.00 per month for one year

**LIFETIME PAYMENTS MUST BE MADE WITHIN ONE YEAR FROM DATE REQUEST WAS MADE or revert to annual dues.**

SPOUSE'S NAME: \_\_\_\_\_

Present Rank or Rank at the time of discharge: \_\_\_\_\_ Military Retired: YES NO

QUALS: AW, SW, FMF (Earned award between 1984 and 2006), FMFEWS, SS, ETC (Circle each earned)

NEC(s): \_\_\_\_\_ Dates of service: \_\_\_\_\_ Conflicts: \_\_\_\_\_

**Please enclose a copy of your DD214 (Application and 214 will be verified and shredded)**

Would you like to purchase a copy of the Membership Roster? Yes \_\_\_\_\_ No \_\_\_\_\_  
The cost for the roster is: \$10.00 + \$4.50 for printing, shipping and handling.

Please select how you would like to receive your quarterly newsletter:

By regular mail: \_\_\_\_\_ By e-mail to (email address): \_\_\_\_\_

**SEND DUES AND MONIES FOR THE ROSTER TO:**  
**Paul Denis Treasurer/Membership**  
**8185 Chianti Circle**  
**Clay, NY 13041**