

**MUSLIM AMERICAN VETERANS ASSOCIATION (MAVA) NATIONAL
Membership Application 2019**

Please Print

Referred By _____

Name: _____ last _____ first _____ middle/initial _____

Current Address: _____ City _____

State _____ Zip code _____ E-mail _____

Telephone numbers: Home _____ Cell _____ work _____

Branch of service _____

Tenure of military service (ex: 1972 -1976) _____

Type of discharge (attach Discharge Certificate)
(DO NOT SEND DD 214 to MAVA NATL)

Highest Rank held _____

Your current status [] Retired [] Active Reserve [] Inactive Reserve [] Active Duty [] Dependent
(Please attach a profile or resume including all assignments, ribbons, and medals.)

Name used while on active duty, or reserve if different from above

Are there any medical concerns that you feel MAVA NATL should be aware of please briefly explain.

Are you a member of a MAVA Post [] YES [] NO Name of Post _____

My area of interest with MAVA NATL is: [] Veteran Services [] admin [] fundraising [] membership [] public relations/photography [] Other _____

Are you in business [] YES [] NO Type _____

I HEREBY APPLY FOR A MEMBERSHIP IN MAVA NATL TYPE: [] \$300 Lump Sum Life Time Membership fee [] \$50 Initial installment with 10 consecutive payments of \$25 for Lifetime Membership fee or [] \$50 per year Regular Membership fee

Date _____

Signature

PLEASE PRINT OUT THIS MEMBERSHIP APPLICATION AND MAIL TO:
ATTN: MAVA NATL MEMBERSHIP
Abdul Rahman Shareef- National Quartermaster
208 South 13th Street,
Wilmington, NC 28401

(Make your Check or Money Order Payable to Muslim American Veterans Association (MAVA) National)

For additional Information call 1-910-612-0983

Membership Application - Muslim American Veterans Association National (Official Use Only)

Date _____ Received via: online or mail Received by _____

Assigned Membership # _____ YOUR RECEIPT WILL BE MAILED TO YOU