

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

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 MAVANATL)

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 MAVANATL 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 MAVANATL is: Veteran Services admin fundraising membership public relations/photography Other _____

Are you in business YES NO Type _____

I HEREBY APPLY FOR A MEMBERSHIP IN MAVANATL 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

Signature Date _____

PLEASE PRINT OUT THIS MEMBERSHIP APPLICATION AND MAIL TO:
ATTN: MAVANATL 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