

GENERAL WALTON H. WALKER CHAPTER #215, INC.
of the
KOREAN WAR VETERANS ASSOCIATION, INC.

Prospective Member:

Thank you for your interest in joining our Korean War Veterans Chapter. The requirements for belonging to the Korean War Veterans Association are:

1. Any person who has seen honorable service in any of the Armed Forces of the United States, defined as Army, Navy, Air Force, Marines and Coast Guard, said service being within Korea including territorial waters and airspace during September 3, 1945 - Present time, or who served outside Korea (June 25, 1950 - January 31, 1955) is eligible for Membership.
2. Regular Chapter Membership is \$15 per annum and Life Membership is \$100 for those who meet the criteria above. You must be a member of National KWVA to become a Chapter Member and Chapter Life Membership is only available for those who also have a Life Membership in the National Association.
3. Any Medal of Honor recipient, so honored for service in Korea during the Korean War era, is eligible for a Life Membership in both the National and Chapter with no dues.
4. Prisoners of the Korean War held by the North Korean, Chinese or Russian Forces during or after the period of hostilities from June 25, 1950 forward are eligible for Life Membership in the Chapter and National with no dues.
5. Gold Star Spouses, Parents and Children of MIA/KIA's shall be eligible for Life Memberships with no dues.
6. Any person of good character may be accepted for Associate Membership of the National by the Board of Directors for \$16 dues per annum and /or by the Chapter Executive Council for \$12 dues per annum.

Should you decide that you meet one of the requirements and wish to join our organization please fill out fields in the following three pages. **This Adobe Acrobat Document is a fillable form. Some browsers will let you submit the form from the chapter website, but it is recommended that you download and save this document on your desktop computer. To take full advantage of the features you are advised to obtain the latest version of the Adobe Acrobat Reader at <https://get.adobe.com/reader/>.**

Page 2 is the application for membership in the National organization. Please complete this form even if you are already a member of the National. We need those data for our Chapter database as well as the information you will provide in pages 3 and 4. We need that information so we can start the process of making sure that you receive the National Magazine sent out every two months and also our Chapter Newsletter that we send out every month. We also print out your Birthday Month & Day and also your wife's Birthday Month & Day and Anniversary date Month, Day, Year, in our newsletter.

In the National Application it is necessary to enter the Month and Year of Service in Korea or Outside of Korea. If you are a new member your completed form will be printed and mailed to National. Your signature is also required. On the last page you will see a "Print" and a "Submit" button. If you do not have a printer available you can select the "Submit" button to send the data to the Chapter by email. This information will be encrypted and only readable when imported to the master form. If you print the Application Form please sign in the signature fields on pages 2 and 3. Mail the completed form with your check payable to KWVA CHAPTER 215 in the amount of the dues as calculated on page 3. If you "Submit" the form you will still need to mail the check and your signature on the check will satisfy the signing requirement. The mailing address is shown below. The Chapter 215 Secretary/Treasurer will forward the application and the dues to National. Should you have any questions you should contact the Secretary/Treasurer by email or phone. When you select the print button the data only will also be sent to the chapter to be entered electronically into the membership database.

KWVA Chapter 215
PO Box 122084
Ft Worth, TX 76121-2084

Bill Mac Swain
Secretary/Treasurer
BillMacSwain@charter.net
817-244-0706

Official Membership Application Form

The Korean War Veterans Association, Inc.

PO Box 407, Charleston, IL 61920-0407 (Telephone: 217-345-4414)

DO NOT WRITE IN THIS SPACE Assigned Membership Number: _____

KWVA Regular Annual Dues - \$25.00 | Associate Membership - \$16.00 | MOH, Ex-POW, Gold Star Parent or Spouse & Honorary - \$0.00
Regular Life Membership: (May be paid in lump sum or 6 equal payments by check over a 12 month period.)
Ages up to and through 35 years of age: \$600 Ages 36 through 50 years of age: \$450
Ages 51 through 65 years of age: \$300 Ages 66 years of age and older: \$150

Please Check One: New Member (Source: _____)
 Renewal Member # _____

Please Check One: Medal Of Honor Regular Member Regular Life Member Associate Member
 Ex-POW Honorary Gold Star Spouse Gold Star Parent

(Please Print)

Last Name: _____ First Name: _____ Middle Initial: _____
Street _____ City _____ State _____ Zip _____
Apartment or Unit #(if any) _____ Phone _____ - _____ - _____ Year of Birth _____
Email _____
Chapter Number/Name (if applicable) # _____

-All applicants for Regular Membership please provide the following information-

| Unit(s) to which Assigned | Service Branch | Dates of service: |
|---------------------------|--------------------------------------|--|
| Division _____ | <input type="checkbox"/> Army | WithIN Korea were: (See criteria below) From: _____ To: _____ |
| Regiment _____ | <input type="checkbox"/> Air Force | |
| Battalion _____ | <input type="checkbox"/> Navy | Without Korea were: (See criteria below) From: _____ To: _____ |
| Company _____ | <input type="checkbox"/> Marines | |
| Other _____ | <input type="checkbox"/> Coast Guard | |

"I certify, under penalty of law, that the above information provided by me is true and correct."
[If you are applying for membership in a category other than Section 1, par A.1., of the "Criteria for Membership" listed below, complete the "Certification of Eligibility for KWVA Membership" Form on page 2.]

Applicant Signature: _____ Date: _____

Note: If this is a GIFT Membership – please sign here to certify, under penalty of law, that to the best of your knowledge, ALL of the information you have provided about the Applicant is true and correct.
[Note: If applicable, you must also complete and sign the Eligibility Form on page 2.]

Signature: _____ Relationship to Applicant: _____

Make checks payable to: KWVA - Mail to: KWVA Membership Office - PO Box 407 - Charleston, IL 61920-0407.

(Or you may pay by Credit Card)

Credit Card # _____ VISA MASTER CARD Discover

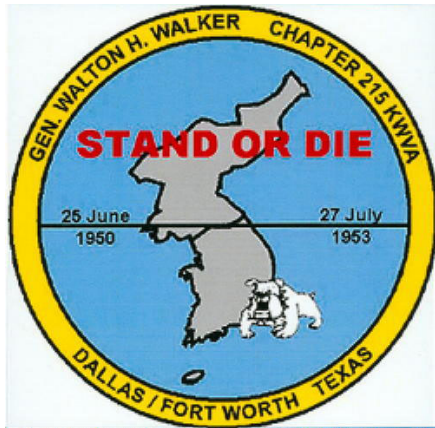
Expiration Date ____/____/____ V-Code _____ Signature _____

APPLICATION FOR MEMBERSHIP IN THE GEN. WALTON H. WALKER CHAPTER OF THE
KOREAN WAR VETERANS ASSOCIATION IN THE DFW METROPLEX AREA

KWVA GEN WALTON H. WALKER CHAPTER CID #215
PO BOX 122084 - FORT WORTH, TX 76121-2084
817-244-0706

The Chapter meetings are scheduled for the third Saturday of every month and we meet at the Grand Prairie Veterans Center located at 925 Conover Drive. We start at 11:00 AM with a lunch buffet at 11:30 AM. After lunch we have our Membership Meeting at 12:30PM. We usually have a short program with speakers on a wide variety of topics. The meetings typically adjourn between 1:00 PM or 1:30PM.

Please download or view some of the Bulldog Newsletters from the Chapter web site where this form was obtained. You will read about the chapter activities and see related photos.



Name _____ Phone (_____) _____ Spouse's Name _____

Address _____ Apt _____ City _____ State _____ ZIP _____

Make payment to KWVA Chapter 215: If you have questions call Bill Mac Swain at 817-244-0706

Chapter:

- Regular Annual Membership \$15
- Life Membership \$100
- Associate Membership \$12
- Life MOH, POW, Gold Star Parent, Spouse
- Honorary Membership No Dues
- Spouse Associate Membership \$12

National:

- Regular Annual Membership \$25
- Life Membership as Shown on the National Application Form per Age
- National Associate Membership \$16

Total Dues:

Signed: _____ Date: _____

MEMBER PERSONAL DATA

Name _____ Nickname _____ Cell Phone _____

Birthdate _____ Anniversary _____ Spouse's Birthday(Month/Day) _____

Branch Of Service _____ Dates of Service(Month/Year) _____ to _____ Highest

Rank _____ S/N _____

Unit(s) to Which Assigned:

Division _____

Regiment _____

Battalion _____

Company _____

Ship _____

Station _____

AF Wing _____

Squadron _____

Other _____

| |
|---|
| <p style="text-align: center;">EMERGENCY CONTACT INFORMATION</p> <p style="text-align: center;">CONTACT 1:</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p style="text-align: center;">CONTACT 2:</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> |
|---|

Would you consider holding an office in the Chapter? _____

Do you have any special interest or talents you feel would be beneficial to the Chapter?

If so please indicate below:

Applicants E-Mail Address _____

Email Address of Chapter Secretary: BillMacSwain@charter.net