

Application for Membership

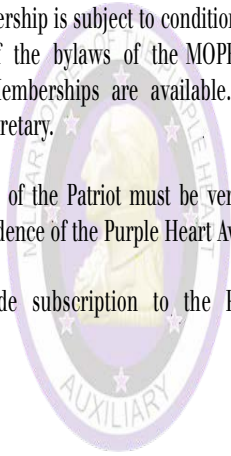
Military Order of the Purple Heart Auxiliary

Parents, grandparents, spouses, widows, widowers, siblings, children, and grandchildren of persons who have been awarded the Purple Heart.

Such membership is subject to conditions set forth in Article 1 of the bylaws of the MOPHA. Life and Associate Memberships are available. Contact the National Secretary.

Membership of the Patriot must be verified through certified evidence of the Purple Heart Award.

Dues include subscription to the Purple Heart Magazine.



Dues Schedule

Military Order of the Purple Heart Auxiliary

Life Memberships \$50.00

Associate Life Membership \$50.00



Fees submitted with Application for Membership are NON-REFUNDABLE.

Payment for dues is not deductible as a charitable contribution according to the Internal Revenue Code.

PLEASE PRINT ALL INFORMATION

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

I am the _____ of (Medal Holder's Name) _____

who was awarded the Purple Heart Medal by the U.S. Government.

He/she is is not an Active Member of MOPH Chapter # _____

Membership must be certified* by CHAP, ADJ or Copy of Award must accompany this application.

Check one:

Life

Associate

Applicant's Signature _____

Sponsor _____

*Certified by _____

Witnessed by _____

Date _____ Unit # _____ Birthdate _____

*Must be signed by the Chapter or Department Adjutant to certify that the Patriot listed above is/was eligible for membership in the MOPH.

Complete and mail to: Tara Waugh, 190 E. Olmstead Dr. C-12, Titusville, FL 32780

Email: tara@purpleheartmi.com

FOR INTERNAL USE ONLY—DO NOT WRITE IN THESE SPACES.

Date Received _____

Type Member _____

Certification by _____

Amount Paid _____

Member # _____