AMVETS POST 23

101 E. IDA AVE
OPP, ALABAMA 36467
www.amvetspost23.com
Phone: 334-764-3457 ▪ Fax: 334-521-4410

James R. Clifton
Post Commander
2014-2015

AMVETS Preamble

We, the American Veterans, who have served in the Armed Forces of the United States during and since World War II, fully realizing our responsibilities to our community, to our state and to our nation, associate ourselves for the following purposes: To uphold and defend the Constitution of the United States; to safeguard the principles of freedom, liberty and justice for all; to promote the cause of peace and goodwill among nations; to maintain inviolate the freedom of our country; to preserve the fundamentals of democracy; to perpetuate the friendship and associations of these veterans; to dedicate ourselves to the cause of mutual assistance, this by the Grace of God.

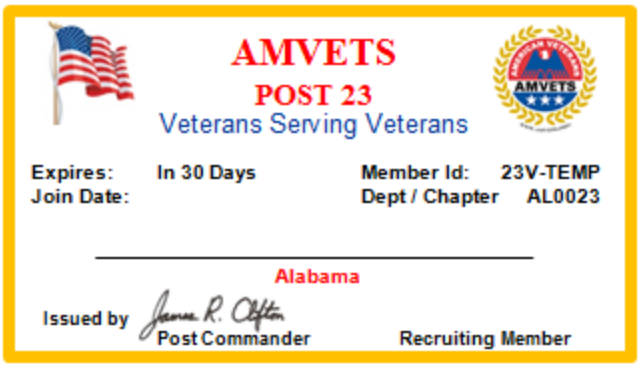
Membership Requirements

Any person who served or is currently serving in the Armed Forces (active duty, Reserves, Nation Guard) of the United States of America. Is eligible for regular membership in AMVETS, provided such service, when terminated by discharge or release by honorable discharge, honorable separation or general discharge under honorable conditions.

Current dues are: $35.00 Annually Membership or $250.00 for Life membership

Post meetings are on the Second Wednesday of each Month. We meet at the Opp Chamber of Commerce Building on 101 E. Ida Ave in Opp at 7:00 PM.

Temporary Membership Card



Application for Membership
AMVETS Alabama Post 23

Date Joined: _____ Dues Paid: $35 / $250 ☐ Cash ☐ Check

Prefix _____ Name, First _____ MI _____ Last _____ Suffix _____

Gender ☐ Male ☐ Female Date of Birth mm_____/dd_____/yyyy_____

Spouse's first name _____

Street Address:_____

City:_____ State:_____ Zip Code:_____

Phone:_____ email: _____

Branch or Service: 1. _____ 2. _____

Begin Date mm_____/dd_____/yyyy_____ mm_____/dd_____/yyyy_____

End Date mm_____/dd_____/yyyy_____ mm_____/dd_____/yyyy_____

_____ Recruited by: _____
(Signature of Applicant) (Post 23 member)

Office Use Only

Date Enrolled _____ Member Number: _____