

## Application for Membership

### Military Order of the Purple Heart

You are eligible if you have been awarded the Purple Heart Medal by the Government of the United States of America.

Evidence of the award of the Purple Heart must be submitted.

Payments for dues and services cannot be deducted as charitable contributions according to the Internal Revenue Code.

Dues include subscription to the Purple Heart Magazine.

*Proud to be a Member*

## Application for Membership

### Military Order of the Purple Heart

You are eligible if you have been awarded the Purple Heart Medal by the Government of the United States of America.

Evidence of the award of the Purple Heart must be submitted.

Payments for dues and services cannot be deducted as charitable contributions according to the Internal Revenue Code.

Dues include subscription to the Purple Heart Magazine.

*Proud to be a Member*

## Application for Membership

### Military Order of the Purple Heart

You are eligible if you have been awarded the Purple Heart Medal by the Government of the United States of America.

Evidence of the award of the Purple Heart must be submitted.

Payments for dues and services cannot be deducted as charitable contributions according to the Internal Revenue Code.

Dues include subscription to the Purple Heart Magazine.

*Proud to be a Member*

### PLEASE PRINT ALL INFORMATION

Chapter # \_\_\_\_\_

Name \_\_\_\_\_ Member # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (HOME) \_\_\_\_\_ Phone (OFFICE) \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Service:  Army  Navy  Air Force  Marines  Coast Guard

War Wounded:  WW2  Korea  Vietnam  OIF/OEF  Other \_\_\_\_\_

Military Unit \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date Entered \_\_\_\_\_ Date Departed Svc/

Service \_\_\_\_\_ Discharged \_\_\_\_\_ Serial No. \_\_\_\_\_

Date Wounded \_\_\_\_\_ Engagement \_\_\_\_\_ VA Claim # \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Social Security # \_\_\_\_\_

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signed Up By \_\_\_\_\_

Complete and mail to: National Headquarters, 5413-B Backlick Road, Springfield, VA 22151-3960  
www.purpleheart.org, 888-668-1656

### PLEASE PRINT ALL INFORMATION

Chapter # \_\_\_\_\_

Name \_\_\_\_\_ Member # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (HOME) \_\_\_\_\_ Phone (OFFICE) \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Service:  Army  Navy  Air Force  Marines  Coast Guard

War Wounded:  WW2  Korea  Vietnam  OIF/OEF  Other \_\_\_\_\_

Military Unit \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date Entered \_\_\_\_\_ Date Departed Svc/

Service \_\_\_\_\_ Discharged \_\_\_\_\_ Serial No. \_\_\_\_\_

Date Wounded \_\_\_\_\_ Engagement \_\_\_\_\_ VA Claim # \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Social Security # \_\_\_\_\_

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signed Up By \_\_\_\_\_

Complete and mail to: National Headquarters, 5413-B Backlick Road, Springfield, VA 22151-3960  
www.purpleheart.org, 888-668-1656

### PLEASE PRINT ALL INFORMATION

Chapter # \_\_\_\_\_

Name \_\_\_\_\_ Member # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (HOME) \_\_\_\_\_ Phone (OFFICE) \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Service:  Army  Navy  Air Force  Marines  Coast Guard

War Wounded:  WW2  Korea  Vietnam  OIF/OEF  Other \_\_\_\_\_

Military Unit \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date Entered \_\_\_\_\_ Date Departed Svc/

Service \_\_\_\_\_ Discharged \_\_\_\_\_ Serial No. \_\_\_\_\_

Date Wounded \_\_\_\_\_ Engagement \_\_\_\_\_ VA Claim # \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Social Security # \_\_\_\_\_

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signed Up By \_\_\_\_\_

Complete and mail to: National Headquarters, 5413-B Backlick Road, Springfield, VA 22151-3960  
www.purpleheart.org, 888-668-1656

MOPH Bylaws require that a copy of the document that supports the award of the Purple Heart medal must accompany each application. One of the following documents must be submitted with the Membership Application. If discharged, a discharge document such as a DD214 must be provided reflecting character of service as honorable or under honorable conditions. A copy of documentation submitted will be retained on file for future reference. Certificate alone does not constitute proof of the award.

Please check one:

DD214    DD215    WD AGO 53-55    General Orders    Letter of Transmittal

Life Membership may be paid in full or in installments by check, money order, or credit card.

Amount Charged for Life Membership dues \$ \_\_\_\_\_

VISA    MASTERCARD    DISCOVER    AMEX   Card Security Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature (required) \_\_\_\_\_

**IMPORTANT NOTE: ALTERED DOCUMENTS CONSTITUTE AUTOMATIC DENIAL OF MEMBERSHIP**

MOPH Bylaws require that a copy of the document that supports the award of the Purple Heart medal must accompany each application. One of the following documents must be submitted with the Membership Application. If discharged, a discharge document such as a DD214 must be provided reflecting character of service as honorable or under honorable conditions. A copy of documentation submitted will be retained on file for future reference. Certificate alone does not constitute proof of the award.

Please check one:

DD214    DD215    WD AGO 53-55    General Orders    Letter of Transmittal

Life Membership may be paid in full or in installments by check, money order, or credit card.

Amount Charged for Life Membership dues \$ \_\_\_\_\_

VISA    MASTERCARD    DISCOVER    AMEX   Card Security Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature (required) \_\_\_\_\_

**IMPORTANT NOTE: ALTERED DOCUMENTS CONSTITUTE AUTOMATIC DENIAL OF MEMBERSHIP**

MOPH Bylaws require that a copy of the document that supports the award of the Purple Heart medal must accompany each application. One of the following documents must be submitted with the Membership Application. If discharged, a discharge document such as a DD214 must be provided reflecting character of service as honorable or under honorable conditions. A copy of documentation submitted will be retained on file for future reference. Certificate alone does not constitute proof of the award.

Please check one:

DD214    DD215    WD AGO 53-55    General Orders    Letter of Transmittal

Life Membership may be paid in full or in installments by check, money order, or credit card.

Amount Charged for Life Membership dues \$ \_\_\_\_\_

VISA    MASTERCARD    DISCOVER    AMEX   Card Security Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature (required) \_\_\_\_\_

**IMPORTANT NOTE: ALTERED DOCUMENTS CONSTITUTE AUTOMATIC DENIAL OF MEMBERSHIP**

## Dues Schedule

### Military Order of the Purple Heart

Life Membership Dues

\$50.00 1-Time Payment  
 \$25.00 2 Payments

Please Choose which method of payment.

*MOPH Partial Payment Plan: Payment of \$25 due when submitting this application, then subsequent payment of \$25 due within 24 months of the date of this application.*

## Dues Schedule

### Military Order of the Purple Heart

Life Membership Dues

\$50.00 1-Time Payment  
 \$25.00 2 Payments

Please Choose which method of payment.

*MOPH Partial Payment Plan: Payment of \$25 due when submitting this application, then subsequent payment of \$25 due within 24 months of the date of this application.*

## Dues Schedule

### Military Order of the Purple Heart

Life Membership Dues

\$50.00 1-Time Payment  
 \$25.00 2 Payments

Please Choose which method of payment.

*MOPH Partial Payment Plan: Payment of \$25 due when submitting this application, then subsequent payment of \$25 due within 24 months of the date of this application.*