



IRAQ VETERANS AGAINST THE WAR



Member Application

Iraq Veterans Against the War (IVAW) is a group of veterans and active duty servicemen and women who have served since 11 September, 2001. We are calling for:

- Immediate withdrawal of all occupying forces;
- An end to the destruction and corporate pillaging of Iraq so that the Iraqi people can control their lives and their country;
- Full benefits, support, and rights for all veterans.

Please complete this form (type or print clearly) and submit with proof of service and dues payment to the address below. IVAW will not share or sell our members' personal data.

Name _____ Date _____

Address _____ City _____

State _____ Zip _____

Cell Phone _____ Home Phone _____ Email _____

1. Date of Birth _____ 2. Gender _____ 3. Military Occupation _____

4. Unit/Major Command _____ 5. Where Served _____

6. Current Status: Active Duty ___ Reserve ___ IRR ___ Civilian ___ National Guard ___ Retired ___

7. Date Entered Service _____ ETS/EAS Date _____ End of IRR Obligation _____

8. Have you been or are you now facing stop loss? _____

9. I am interested in:

___ Organizing members in my local area.

___ Speaking publicly about my experience in and views on the war.

___ Making statements to the press or media about my views on the war.

___ Writing articles about current developments in the war or other relevant topics.

___ Other.

___ No, thank you. I just want to be a member.

10. How did you hear about IVAW? _____

11. Please attach proof of service with at least one of the following:

___ A copy of DD form 214 (if not available please explain) _____

___ A copy of military photo identification

___ A copy of your Unit Move Order indicating service dates and locations

___ A copy of a medal, award, or certificate of recognition

___ A copy of paperwork from the Veterans Administration

___ Other _____

12. T-Shirt Size (circle one) Small | Medium | Large | XLarge | XXLlarge

13. Please check appropriate amount for your annual dues:

___ \$10.00 Basic Membership

___ \$5.00 Student/Low Income Membership

___ \$1.00 Active Duty/Unemployed Membership

We welcome donations of additional amounts (circle one):

\$20.00 | \$35.00 | \$50.00 | \$100.00 | Other Amount _____

By signing, you agree that you fulfill the membership requirements of IVAW and the information you provided herein is true and correct.

Signature _____ Date _____

-----For Office Use Only-----

Initial and date each area.

Member form rec'd _____ Dues rec'd _____ ck | cash | mo/cc Entered into DB _____

Added to email list _____ Member Pkg Sent _____ Info sent to RC _____