



Return your completed application to:

AMVETS Dept of Massachusetts

State House, RM 546-3

Boston, MA 02133-1048

*Please include a copy of your DD214 or Active Military ID card

Name: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Branch of Service: _____

Month/year entered: _____ / _____

Month/year discharged: _____ / _____

Sex: _____ Male _____ Female

Date of Birth: _____ / _____ / _____

E-mail: _____

Name of Spouse: _____

Sponsor: _____

Applicant Signature _____