

MUSLIM AMERICAN VETERANS ASSOCIATION (MAVA) Post # 3
Membership Application

Name: _____ last _____ first _____ middle _____

Post membership # _____

Present address : _____ street _____ city _____

state _____ zip code _____

Date of birth _____ tel. home. _____ cell _____

e-mail _____

Branch of service _____ date _____ to date _____

Foreign Service : date _____ to date _____ where _____

Name of Campaign _____ Ribbons or Medals _____

I HEREBY APPLY FOR ANNUAL ☐ Lifetime ☐ MEMBERSHIP IN M.A.V.A.

Membership Application - Muslim American Veterans Association (Official Use Only)

Date _____

Received from _____

Application for membership in post # _____

City _____ State _____

Received by _____

**PLEASE FILL OUT THIS MEMBERSHIP APPLICATION AND EMAIL IT ALONG WITH A COPY OF
YOUR MILITARY DISCHARGE PAPERS (DD214) TO: mavapost3@yahoo.com**