



Application for Life Membership Military Order of the Purple Heart Auxiliary



AUXILIARY LIFE MEMBERSHIP Eligibility is based on relationship to Purple Heart Recipient and is granted to a parent, grandparent, spouse, widow, widower, sibling, child, or grandchild of persons who have been awarded the Purple Heart by the Armed Services of the United States, and to those who served in the Armed Forces and have received the Purple Heart decoration in their own name. Life Membership is subject to conditions set forth in Article I of the MOPHA Bylaws.

ASSOCIATE LIFE MEMBERSHIP is available based on relationship to Auxiliary member and is granted to a parent, grandparent, child, grandchild, sibling, or spouse of a member in the Auxiliary. Associate Membership is subject to conditions set forth in Article XVIII of the MOPHA Bylaws.

Evidence of Purple Heart recipient's award and relationship to applicant must be verified.

Dues Schedule: Life Membership—\$50.00

Associate Life Membership—\$50.00

Dues submitted with Application for Membership are NON-REFUNDABLE

LIFE MEMBER APPLICATION (revised July 2020) Based On Relationship to Purple Heart Recipient

PLEASE PRINT ALL INFORMATION

Name _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____ Phone _____

Email _____ Unit Requested _____

I am the _____ of _____
Relation to Recipient Name of Purple Heart Recipient

He/she is a member of MOPH Chapter _____ Life Member Number _____

He/she is not a member of MOPH. Attached is the DD214 for certification of Purple Heart award.

Applicant Signature _____ Date _____

Sponsor: _____ Sponsor Unit # _____

Auxiliary member name & ID number signing you up

Membership eligibility must be certified by Chapter or Department MOPH Officer or DD214.

I certify that the MOPH Member & ID Number is known to me & the Applicant is eligible for membership in MOPHA.

Certified by _____ MOPH Officer Position _____ Chapter# _____

ASSOCIATE MEMBER APPLICATION (revised July 2020) Based On Relationship to Auxiliary Member

PLEASE PRINT ALL INFORMATION

Name _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____ Phone _____

Email _____ Unit Requested _____

I am the _____ of _____
Relation to Auxiliary Member Name of Auxiliary Member Life Member Number

Who is the _____ of _____
Auxiliary member Relation to Recipient Name of Purple Heart Recipient

Applicant Signature _____ Date _____

Sponsor: _____ Sponsor Unit # _____

Auxiliary Member & ID number signing you up

Membership eligibility must be certified by Chapter or Department MOPH Officer or DD214.

I certify that the MOPHA Member & ID Number is known to me & the Applicant is eligible for membership in MOPHA.

Certified by _____ MOPH Officer Position _____ Chapter# _____

Complete appropriate application and send with payment to:

Cheryl Perez . PO Box 120085 . Chula Vista, CA . 91912 / Email: Members.MOPHA@gmail.com

INTERNAL USE ONLY:

Date Rec'd _____ Member Type _____ Member # _____

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Date Rec'd _____ Member Type _____ Member # _____