Please download and print the novabase_app.doc or novabase_app.pdf file. Fill in all applicable data, print and sign form. Mailing instructions for the USSVI NOVA Base are on Page 2. (NOVA Base Rev 5 – 4 May 2024)

USSVI MEMBERSHIP APPLICATION 🛛 Regular 🗆 Life 🗆 Associate



OUR PURPOSE: "To perpetuate the memory of our shipmates who gave their lives in the pursuit of their duties while serving their country. That their dedication, deeds and supreme sacrifice be a constant source of motivation toward greater accomplishments. Pledge loyalty and patriotism to the United States of America and its Constitution."

My signature affirms that I subscribe to the Creed of the United States Submarine Veterans, Inc. and agree to abide by the Constitution, all Bylaws, Regulations and Procedures governing the U.S.

Submarine Veterans, Inc., so long as they do not conflict with my military or civil obligations. I will furnish proof of my eligibility for regular membership, including my discharge under honorable conditions and proof of my U.S. Navy (SS) designation if requested by the base or national membership chairman. If I am not discharged, the discharge requirement is waived. If I am not USN submarine qualified, I am applying as an associate and my sponsor is indicated below.

□ I certify that I was designated qualified in U.S. Navy Submarines aboard ______ in _____ (yr)

□ I certify that I received a discharge under honorable conditions (if not currently in military service in _____ (yr)

| Name: (print/type) | | Address | | |
|--------------------|-------|----------|--------|--|
| City | State | Zip Code | Tel () | |
| Signature: | | | Date: | |
| | | | | |

E-Mail _____ Base/Chapter desired _____

How did you find USSVI? 🗆 Friend 🗆 Boat Assoc. 🗆 Local Event/News 🗆 Internet 🗆 Other

Who is your sponsoring USSVI regular member? (Mandatory for Associate Members)

Associate applicant is a 🗆 Veteran 🗋 Spouse of veteran 🗋 other (specify)_____

YOUR U.S. NAVY BIOGRAPHICAL DATA

Date of Birth (MM/DD/YYYY) ____/ ___ If other military service, what branch? _____

Highest rate/rank attained ______ Retired Military (Y/N) _____ On active duty? (Y/N) _____

Year entered military service ______ Year left military service ______ (active/inactive Reserve time also counts)

Check if your Military Service falls within any of these time periods: 12/7/1941 - 12/31/1946, 6/27/1950 - 1/31/1955, 8/5/1964 - 5/7/1975, and 8/2/1990 - to date.

Check if you have been awarded the Expeditionary Medal.

Submarines and ships served aboard as ship's company. Use the back of the sheet if you need more space.

 1. ______
 Hull # ______
 Rank/Rate ______
 From Yr. ______
 to Yr. ______

2. _____ Hull # _____ Rank/Rate _____ From Yr. ____ to Yr. ____

 3. ______
 Hull # ______
 Rank/Rate ______
 From Yr. ______
 to Yr. ______

4. _____ Hull # _____ Rank/Rate _____ From Yr. ____ to Yr. ____

Next of Kin Name ______ Relationship ______ (Spouse, Partner, Son, Daughter, etc.)

Address: _____ City: _____ State ____ Zip ____ Tel. _____ Leave blank if the same as your home address. Applicants on active duty are requested to provide a permanent home address.

Signature _____ Date _____ Upon completion please deliver to your base membership POC or mail to: USSVI National Office, P.O. Box 1063, Groton, CT 06340-1063

Questions? Call (877) 542-DIVE or email: ussvi@telebyte.net

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Upon completion, please mail your application with your check to:

USSVI NOVA-Base, c/o Howard Chatham, Treasurer 2244 Richelieu Drive Vienna VA 22182-5047

Please make check payable to: "USSVI - NOVA-BASE"