



## Student Membership Application

Date:

Name:

Address:

City:

State:

Zip:

Family Member:

Concerned Citizen:

Phone: (    )

E-Mail:

Birth date:

**If Family Member, please give name, rank, branch  
of service, date & country of loss of missing serviceman  
& your relationship to him**

Name of School:

Grade Level:

Number of Members @ \$10/member:

Total Amount \$

**The National League of POW/MIA Families  
is a 501(c)3 tax exempt, humanitarian organization  
FED ID # 23-7071242**