



Office Use Only – Member # _____ Chapter # _____

Military Order of the Purple Heart
National Headquarters
5413-B Backlick Road
Springfield, VA 22151-3960
(703) 642-5360 **FAX** (703) 642-1841
Email: info@purpleheart.org

APPLICATION FOR ASSOCIATE MEMBERSHIP

Name of Applicant⁽¹⁾ _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

Applicant's Signature _____ Date _____

Name OF PURPLE HEART Recipient⁽²⁾ _____

Relationship of Applicant to Purple Heart Recipient⁽³⁾ _____

MOPH Member's Signature⁽³⁾ _____

I certify that the person named on this application is a lineal relative.

MOPH Member Number _____ Enrolled in Chapter Number _____

Applicant signed up by _____ Title _____

Type: **Annual Member** **Life Member** (Must be 18 or over)

1. To be eligible for Associate Membership, the applicant must be a parent or lineal descendant of either a living or deceased Purple Heart recipient. (**Note: Siblings are not eligible.**)
2. If the Purple Heart recipient is not a member of MOPH, a copy of DD-214, DD-215, WD AGO 53-55, or General Orders must accompany the application.
3. Documentation of relationship (birth Certificate/s) to the Purple Heart recipient listed above must accompany the application unless the Purple Heart recipient is an active member of MOPH and signs the application certifying to the relationship.
4. The National Adjutant will make the final determination on eligibility.
5. Dues - Annual Member: \$ 10.00
 Life Member: \$ 125.00 (Age 18-59);
 \$ 100.00 (Age 60-69);
 \$ 75.00 (Age 70 and over)

NOTE: Under age 18 not eligible for Life Membership

(Rev. 8/26/2004)