

Be advised that on request any knowingly fraudulent document sent by you will be released to the Federal Bureau of Investigation (FBI) that may result in prosecution and/or fine/imprisonment.

Dues Schedule

Military Order of the Purple Heart

Life Membership	\$50.00
Life Membership Installment Plan with application, within 24 months of Application Date	\$25 \$25
Associate Life Membership	\$50.00
Associate Life Membership Installment Plan with application, within 24 months of Application Date	\$25 \$25



Dues Schedule

Ladies Auxiliary Military Order of the Purple Heart

Life Memberships	\$50.00
Associate Life Membership	\$50.00



Purple Heart Recipient: MOPH Bylaws require that a copy of the document that supports the award of the Purple Heart medal must accompany each application. One of the following documents must be submitted with the application. If discharged, a discharge document such as a DD214 must be provided reflecting character of service as honorable or under honorable conditions. A copy of documentation submitted will be retained on file for future reference. Certificate alone does not constitute proof of the award.

DD214 DD215 WD AGO 53-55 Orders Letter of Transmittal Other
Service Army Navy Air Force Marines Coast Guard
War Wounded WW2 Korea Vietnam OEF OIF Other
 Date entered service _____ Date Departed Service/Discharged _____ Date wounded _____

Location of Engagement _____ Serial # _____ VA Claim # _____
 Documentation of relationship and proof of Purple Heart award, if recipient is not a member, required.

Associate Member

Name of Purple Heart Recipient _____ Member# _____
 Chapter# _____ MOPH Member's Signature _____

Purple Heart documentation DD214 DD215 WD AGO 53-55 Orders Letter of Transmittal Other

Identify that the person named on this application is my lineal relative

Relationship of Applicant to Purple Heart Recipient _____
Relationship documents Birth Certificate Adoption Papers Marriage Certificate Other

The National Adjutant will make the final determination on eligibility. Altered documents constitute automatic denial of membership. Payment for dues is not deductible as a charitable contribution according to the Internal Revenue Code. Dues include subscription to the Purple Heart Magazine.

Member # _____
 Amount Paid _____
 Certification by _____
 Type Member _____
 Date Received _____

FOR INTERNAL USE ONLY—DO NOT WRITE IN THESE SPACES.

Application for Membership

Ladies Auxiliary Military Order of the Purple Heart

Eligibility is limited to Mothers, Wives, Sisters, Widows, Daughters, Granddaughters and legally adopted female lineal descendants not less than 14 years of age.

Such membership is subject to conditions set forth in Article 1 of the bylaws of the LAMOPH. Life and Associate Memberships are available. Contact the National Secretary.

Membership of the Patriot must be verified through certified evidence of the Purple Heart Award.

Dues include subscription to the Purple Heart Magazine.

Application for Life Membership

Military Order of the Purple Heart

Purple Heart Recipient Evidence of the award of the Purple Heart must be submitted with the application. Certificate alone does not constitute proof of award. If discharged, discharge document such as a DD214 must be provided reflecting character of service as honorable or under honorable conditions.

See Reverse for information on proof.

Associate Member For a parent, spouse, sibling, lineal or adopted descendant of either a living or deceased Purple Heart recipient, evidence of the award of the Purple Heart and the relationship must be submitted with the application. However, if the Purple Heart Recipient is an active member of MOPH, he/she can sign the application certifying to the relationship.

See Reverse for information on proof.

PLEASE PRINT ALL INFORMATION

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

I am the _____ of (Medal Holder's Name) _____ who was awarded the Purple Heart Medal by the U.S. Government.

He (is) (is not) an Active Member of MOPH Chapter # _____

Membership must be certified* by CHAP. ADJ or Copy of Award must accompany this application.

Applicant's Signature _____

Sponsor _____

*Certified by _____

Witnessed by _____

Date _____ Unit # _____ Birthdate _____

Complete and mail to: Pat Richard, Membership Officer, P.O. Box 567, New Castle, OK 73065-0567
email: okcliamoph@yahoo.com

All applicants must complete reverse side and send with payment to: MOPH National Headquarters
5413-B Backlick Road, Springfield, VA 22151 www.purpleheart.org 888.668.1656

MOPH use only

**See other side for
Dues schedule.**

PLEASE PRINT ALL INFORMATION

Member# _____ Chapter# _____

Applicant Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone(H) _____ (Work/Cell) _____ FAX _____ Email _____

Recruited by (Print Name) _____

Check one Life Member Life Member Installment Plan
 Associate Life Member Associate Life Member Installment Plan

Credit Card VISA Mastercard Discover American Express

Credit Card # _____ Expiration Date _____

Applicant Signature _____ (required even if not paying by credit card)