



# 11<sup>TH</sup> NEW YORK REGIMENT USV-A MEMBERSHIP APPLICATION

PLEASE CHECK ONE:    New Membership \_\_\_\_\_ Reinstatement of Membership \_\_\_\_\_

|                                       |                    |
|---------------------------------------|--------------------|
| Last name                             |                    |
| Middle initial                        |                    |
| First name                            |                    |
| SSN last 4 digits                     |                    |
| Date of Birth                         |                    |
| Place of Birth                        |                    |
| Current home address                  |                    |
| City, State & Zip code                |                    |
| Email address                         |                    |
| Home phone                            |                    |
| Cell phone                            |                    |
| Work phone                            |                    |
| Driver's License (and state of issue) |                    |
| U. S. Citizen?                        | YES _____ NO _____ |
| U. S. Military Veteran?               | YES _____ NO _____ |
| Foreign Military Veteran?             | YES _____ NO _____ |
| Other Military (ROTC/SDF) ?           |                    |
| Branch of Service                     |                    |
| Highest Rank Obtained                 |                    |
| USV-A Unit applied for                |                    |
| USV-A Commanding Officer              |                    |
| USV-A Prior Membership Unit           |                    |
| Rank Appointed                        |                    |
| Billet Assigned                       |                    |
| Date of Enlistment                    |                    |
| Date of Rank                          |                    |
| Fee & Dues Paid (date/amount)         |                    |
| Date of this form's completion        |                    |

(Highlighted fields to be completed by Unit command)

**Forward completed form to LTC Robert Lusak**  
**via email: [rlusak@gmail.com](mailto:rlusak@gmail.com)**  
**or mail: 31 Suburban Lane, Nesconset, NY 11767**