



11TH NEW YORK REGIMENT USV-A

APPLICATION FOR MEMBERSHIP

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 Louis DiLeo via email: nytapsbugler@gmail.com or
Mail form to LTC Louis DiLeo 2613 Marina Park Drive, Seaford, NY 11783**