



Office Use Only – Associate Member # \_\_\_\_\_

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

## **APPLICATION FOR ASSOCIATE MEMBERSHIP**

Name of Applicant <sup>(1)</sup> \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Enrolling in Chapter Number \_\_\_\_\_ *(Please provide the chapter number. If it is left blank, you will be enrolled in the closest chapter to your residence.)*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name OF PURPLE HEART Recipient <sup>(2)</sup> \_\_\_\_\_

Relationship of Applicant to Purple Heart Recipient <sup>(3)</sup> \_\_\_\_\_

MOPH Member's Signature\* <sup>(3)</sup> \_\_\_\_\_  
(if a member of MOPH) \*I certify that the applicant named above is a lineal relative. Member Number

Applicant signed up by \_\_\_\_\_ Title \_\_\_\_\_

Type:         **Life Member (Pay in Full)**         **Life Member (Installment Plan)**

1. To be eligible for Associate Membership, the applicant must be a parent, spouse, sibling or lineal descendant of either a living or deceased Purple Heart recipient.
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 documenting the award of the Purple Heart must accompany the application.
3. Documentation of relationship (birth Certificate/s, adoption papers or marriage certificate) 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. Life Membership Dues:     \$50.00 (Can be paid in two separate installments by paying \$25.00 with the application, and paying the balance within 24 months of the application date).