



# Application for Life Membership

## Military Order of the Purple Heart

**Purple Heart Recipient** Eligibility: Any person of good moral character who is serving in or has served in one of the Armed Forces of the United States, or any foreign country, who can show proof of the award of the Purple Heart for Wounds

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 DD-214 must be provided reflecting character of service as honorable or general.

For active duty, provide PCS orders, Purple Heart Orders and Purple Heart Certificate.

There is no posthumous membership.

All applications are subject to verification with the National Personnel Records Center and/or Service.

**Associate Member** For a parent, spouse, sibling, lineal or adopted descendant (child, grandchild or great-grandchild) 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.

If the Purple Heart recipient is living, the recipient must be a member in-good-standing of the MOPH and he/she must sign to acknowledge the relationship and consent for membership.

## Dues Schedule

### Military Order of the Purple Heart

Life Membership	\$200.00
Associate Life Membership	\$200.00

If the installment plan is selected, \$50 must be submitted with the application. The amount of each installment and the frequency of the installments is at your discretion as long as the remaining \$150 is paid within one year of the application being approved. If you want to use this option, initial here \_\_\_\_\_.

**Fees submitted with Application for Membership are NON-REFUNDABLE.**

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) \_\_\_\_\_

Next of Kin (Print Name) \_\_\_\_\_ Relationship \_\_\_\_\_

Check one  Life Member  Associate Life Member

Credit Card  VISA  MasterCard  Discover  American Express CVV # (required) \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
(required even if not paying by credit card) *Typing my name above will constitute as my signature*

See left side for Dues schedule.

MOPH use only

All applicants must complete the appropriate section below and send with payment to: MOPH National Headquarters 5413-B Backlick Road, Springfield, VA 22151 www.purpleheart.org membership@purpleheart.org 703-642-5360

**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. A copy of documentation submitted will be retained on file for future reference. 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 DD-214 must be provided reflecting character of service as honorable or general. For active duty, provide PCS orders, Purple Heart Orders and Purple Heart Certificate. There is no posthumous membership. All applications are subject to verification with the National Personnel Records Center and/or Service.

DD-214  DD-215 (Must be supported by DD-214)  Orders plus PH Certificate  WD AGO 53-55  
**Service**  Army  Navy  Air Force  Marines  Coast Guard  
**War Wounded**  WW2  Korea  Vietnam  OEF  OIF  OND  Other \_\_\_\_\_

Date entered service \_\_\_\_\_  Active Duty (Provide PCS orders) Date Departed Service/Discharged \_\_\_\_\_

Date wounded \_\_\_\_\_ Location of Engagement \_\_\_\_\_

Commissioning source: \_\_\_\_\_ Have you been convicted of a Felony?  Yes  No

**Associate Member** Documentation of relationship and proof of Purple Heart award required.

Name of Purple Heart Recipient \_\_\_\_\_

Member# & Signature \_\_\_\_\_ Chapter# \_\_\_\_\_

Acknowledge the relationship and consent for associate membership (if applicable)

Purple Heart documentation  DD-214  DD-215  Orders plus PH Certificate  WD AGO 53-55

Relationship of Applicant to PH Recipient  Parent  Spouse  Sibling  Child  Grandchild  Great-Grandchild

Relationship documents  Birth Certificate  Adoption Papers  Marriage Certificate  Casualty Report

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.

All information and requirements are subject to change without notice.

(Effective 9/1/2021; Previous editions are obsolete.)