

SEABEE VETERANS OF AMERICA
LIFE MEMBER CARD REPLACEMENT REQUEST FORM

(One request form per member)

PLEASE PRINT LEGIBLY

Name _____

Life Member # _____ Island/Battl. # _____

Mailing Address _____

_____ STATE _____ ZIP _____

PHONE# _____ EMAIL _____

COMPLETE the **ENTIRE** FORM, MAIL it and a \$6.00 check (made out to the NSVA)
to:

Charles H. Coffin, NSVA National Secretary

2047 Ridge Road Queensbury,

New York 12804

Please allow 4 to 6 weeks for printing and handling