

Coalition of Families of Korean and Cold War POW/MIAs

National Membership Application

New



Renewal

Name: _____ **Date:** _____

Address: _____

City, State, Zip Code _____

Email: _____ **Phone:** _____

Relationship to missing service member: _____

Service member's full name: _____

Branch of Service/Unit or Group: _____

Service # _____

Date & Area of Loss: _____

Annual Membership Donation - \$25.00

(Tax Deductible)

Please make checks payable to: *Coalition of Families.*

Send to:

Coalition of Families

Attn: Treasurer

PO Box 4194

Portsmouth, NH 03802