

# APPLICATION FOR KOREA REVISIT TOURS



(UPDATE 02/20/14)

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

KWVA Member, # \_\_\_\_\_ Expiration Date (Exp date) \_\_\_\_\_

*NOTE: If you have not yet received your membership # from KWVA please insert "applied for."*

List all your addresses, (seasonal/if more than one per year) and dates of residence, no P.O. Boxes.

1. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_\_

2. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_\_

Phone # \_\_\_\_\_ Fax \_\_\_\_\_ **E-Mail\*** \_\_\_\_\_  
\* - CRUCIAL FOR IMMEDIATE TOUR UPDATES

## Korea Revisit Only

Veterans Passport# \_\_\_\_\_ Exp Date \_\_\_\_\_ Date of Birth (DOB) \_\_\_\_\_

Companion Name/Relationship \_\_\_\_\_ DOB \_\_\_\_\_

Companion's Passport# \_\_\_\_\_ Exp Date \_\_\_\_\_

*NOTE: If you do not have a passport with 6 months validity after last date of return to USA and have applied for a new one, please insert "Applied for" in the space provided and contact MHT when you receive it.*

## Veteran's Korean Service Information

Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_

Period of Service in the Korean Theater (month/year) from \_\_\_\_\_ thru \_\_\_\_\_

Veterans / Family Member Signature \_\_\_\_\_ Date \_\_\_\_\_

*Complete and mail this form along with the \$450.00 deposit / service-fee per person (check, money order or Credit Card) to Military Historical Tours. Payment in full is required for applications submitted within sixty days of tour departure.*

## Credit Card Authorization

I authorize **Military Historical Tours** by my signature above to charge my Visa, Master Card or Amex  
**\$450.00** Per Person,

The amount of **\$450.00** Per Person Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ please include the 3-Digit code on back of card \_\_\_\_\_

Name as it appears on the Credit Card \_\_\_\_\_

*Korea Revisit related material please send to:*

**KWVA Revisit Korea Program  
C/O MILITARY HISTORICAL TOURS  
13198 CENTERPOINTE WAY STE #202  
WOODBIDGE, VA 22193-5285**

**Phone: 703-590-1295 or 800-722-9501  
Fax: 703-590-1292  
E-Mail: mhtours@miltours.com  
www.miltours.com**

## **Background**

The Korea Revisit program was begun by the **Ministry of Patriots and Veterans Affairs (MPVA/Seoul)** in 1975 for the 25<sup>th</sup> anniversary of the outbreak of the Korean War to express the **Republic of Korea (ROK's)** government's gratitude to Korean War veterans and their families also to show them the bountiful results of their sacrifices and devotion.

## **MPVA's Eligibility Requirements**

Korean War Veterans who served in or supported ground, naval, or air operations in the Korean Theater between June 25, 1950 and October 15, 1954. **Family members** of deceased or disabled Veterans are eligible to participate in the "Korea Revisit Program." An eligible applicant is allowed to bring a family member or friend as a "travel companion."

## **Expanded Eligibility**

1. For the 60th anniversaries (2010-14) there will be more quotas available. In addition, those who have been on a Revisit prior to 2009 can apply to return again. (Call MHT for more details)
2. Widows and family members of deceased veterans or those unable to travel are also eligible for the Revisit as **Veteran Representatives**.

## **Benefits & Schedule**

1. Free hotel accommodations for the veteran their companion or veteran representatives, meals for 5 nights and 6 days in Seoul for 2 people. If you want to bring more people you may at your expense.
2. Accommodations are based on (2) persons per room, if you want your own hotel room you may at your own expense. All of the above items need to be requested in writing.
3. Tours of Seoul and its vicinity, banquet hosted by the MPVA and KVA with presentation of the "Ambassador for Peace" medal, tours of the DMZ, Pan-Mun-Jom, War Memorial Museum, and National Cemetery.

## **Sundry Tour Requirements**

1. The **MPVA** Revisit Program privileges are provided for scheduled groups only.
2. Participants are required to have a valid passport that does not expire until 6 months after return to the USA.
3. Neither **MPVA** Seoul nor **MHT** Virginia U.S.A is responsible for any loss of or damage to personal or other items; medical expenses, injuries or loss of life due to any accident of whatever nature during the Revisit tours.
4. Hospitalization, Evacuation and Trip Cancellation Insurance is required by MPVA for all veterans, companions or veteran representatives. Insurance costs are included in the admin service charge for Korea only.
5. Transportation costs to and from Korea will be borne by each person who participates in the program. The Korean government is now subsidizing airfare for persons traveling **with the group** administered by MHT.
6. Applications will be received/accepted on a "First-come, first-served" basis.
7. Use of frequent flyer miles or other "free" transportation is allowed, but the administrative service fee of **\$450.00** per person is still required for the insurance and administration.
8. The Service Fee is refundable except for a \$50 per person cancellation fee that is required for postage, printing, phone charges, file maintenance and personnel staffing to manage the Korea Revisit Programs. Deferring to the following year will not incur the cancellation fee.

# Official Membership Application Form

The Korean War Veterans Association, Inc.  
PO Box 407, Charleston, IL 61920-0407 (Telephone: 217-345-4414)

**DO NOT WRITE IN THIS SPACE** Assigned Membership Number: \_\_\_\_\_

**KWVA Regular Annual Dues - \$25.00 | Associate Membership - \$16.00 | MOH, Ex-POW, Gold Star Parent or Spouse & Honorary - \$0.00**  
**Regular Life Membership: (May be paid in lump sum or 6 equal payments by check over a 12 month period.)**  
Ages up to and through 35 years of age: \$600      Ages 36 through 50 years of age: \$450  
Ages 51 through 65 years of age: \$300      Ages 66 years of age and older: \$150

Please Check One:  New Member  Renewal Member # \_\_\_\_\_

Please Check One:  Medal Of Honor  Regular Member  Regular Life Member  Associate Member  
 Ex-POW  Honorary  Gold Star Spouse  Gold Star Parent

(Please Print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle/Maiden Name \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Apartment or Unit #(if any) \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Year of Birth \_\_\_\_\_  
Email \_\_\_\_\_  
Chapter Number/Name (if applicable) # \_\_\_\_\_

### **-All applicants for Regular Membership please provide the following information-**

| <b>Unit(s) to which Assigned</b> | <b>Service Branch</b>                | <b>Dates of service:</b>   |
|----------------------------------|--------------------------------------|--|
| Division _____                   | <input type="checkbox"/> Army        | <b>WithIN</b> Korea were: (See criteria below)<br>From: _____ To: _____  |
| Regiment _____                   | <input type="checkbox"/> Air Force   |  |
| Battalion _____                  | <input type="checkbox"/> Navy        | <b>Without</b> Korea were: (See criteria below)<br>From: _____ To: _____ |
| Company _____                    | <input type="checkbox"/> Marines     |  |
| Other _____                      | <input type="checkbox"/> Coast Guard |  |

**"I certify, under penalty of law, that the above information provided by me is true and correct."**  
[If you are applying for membership in a category other than Section 1, par A.1., of the "Criteria for Membership" listed below, complete the "Certification of Eligibility for KWVA Membership" Form on page 2.]

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: If this is a GIFT Membership – please sign here to certify, under penalty of law, that to the best of your knowledge, ALL of the information you have provided about the Applicant is true and correct.**  
[Note: If applicable, you must also complete and sign the Eligibility Form on page 2.]

Signature: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Make checks payable to: KWVA - Mail to: KWVA Membership Office - PO Box 407 - Charleston, IL 61920-0407.

(Or you may pay by Credit Card)

Credit Card # \_\_\_\_\_  VISA  MASTER CARD (ONLY)

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ V-Code \_\_\_\_\_ Signature \_\_\_\_\_

# CERTIFICATION OF ELIGIBILITY FOR KWVA MEMBERSHIP

In addition to completing the KWVA Membership Application Form on page 1 above, persons applying for, and qualifying for, membership under one of the categories listed below, are also required to fill in the appropriate blanks, sign in the space provided below and attach this page to the completed Membership Application Form on page 1.

**Check Only**  
**One Category**

\_\_\_\_\_ **Medal of Honor:** I am a Medal of Honor recipient and the date on which it was awarded was:  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_.

\_\_\_\_\_ **Ex-POW:** I was held as a Prisoner of War by the North Koreans, Chinese, or Russian forces at some time during the period June 25, 1950 to the present,  
From: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_.

\_\_\_\_\_ **Gold Star Parent:** I am the parent of: Name [print] \_\_\_\_\_, who was  
( ) killed in action, ( ) missing in action or ( ) died as a Prisoner of War during the Korean War  
on: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_.

\_\_\_\_\_ **Gold Star Spouse:** I am the spouse of: Name [print] \_\_\_\_\_, who was  
( ) killed in action, ( ) missing in action or ( ) died as a Prisoner of War during the Korean War  
on: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_.

\_\_\_\_\_ **Associate:** I have a legitimate interest in the affairs of the Korean War Veterans Association and agree to accept the terms and conditions set forth in its charter and bylaws. I do not qualify to be a Regular member.

\_\_\_\_\_ **Honorary:** I was elected as an Honorary Member of the KWVA by a vote of the Board of Directors  
on: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_.

"I certify, under penalty of law, that the above information provided by me for the purposes indicated is true and correct."

Applicant Signature: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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**Check HERE If**  
**Gift Membership**

\_\_\_\_\_ **GIFT Membership:** I certify, under penalty of law, that to the best of my knowledge, ALL of the information I have provided about the Applicant is true and correct. I have included the required payment with this application.

Signature: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**\*\*\*\*\*Attention\*\*\*\*\***

**Send** all MPVA Revisit Korea Tour & PCFY monies and applications to **MHT** at the **Woodbridge, Virginia address** listed on page 1.

**Send** all KWVA membership monies and applications to the **KWVA** at the **Charleston, Illinois address** listed on page 3.