

Membership Year _____ Page _____ of _____

Unit Name _____ Unit Number # _____ Date: _____

Contact Name in case of issues: _____ Phone: _____

Address: _____

Dues: Members ____ @ \$19.00 = _____ Check number: _____

New Senior Members
MUST HAVE complete application included

	Member Name	Double check and verify this information is complete							
		Unit info	Member signed	Qualifying Veteran name	Veteran alive or deceased	Post Officer signed	Era recorded	Relationship to Veteran	Recruiter
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									

DO NOT WRITE BELOW

DEPARTMENT USE ONLY

Ck#: _____ Amount: _____ Amount Due: _____

Notes: