H\]g Zcfa `a i gh'VY df]bhYX UbX gYbh'hc `8YdUfha Ybh'k]h\ dUna Ybh'UbX Udd`]VVh]cbfgL°

Membership Year:	Transmittal #:	Pageof
Unit Name:	Unit Number:	Date:
Contact Name (in case of issues):		Phone:
Address:		
Check Number:	(make payable to Department of N	levada)
Dues		TOTAL DUE:
Number New of Juniors:	x \$3.50 =	A

NEW JUNIOR MEMBERS

	MUST include COMPLETED APPLICATION									
		Do	Double check & verify this information is complete on each application!							
			Date of			Veteran	_			Post
	Member	Unit	Birth	Parent	Qualifying	Living or	If Living,	Era	Relationship	Officer
	Name	Info	Recorded	Signed	Veteran	Deceased	Post #	Recorded	to Veteran	Signed
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

FOR DEPARTMENT USE ONLY					
Ck #:	Amount:	Amount Due:			
Notes Underpaym	nt Made - Credit: ent Made - Owed:	RM:			