

**This form must be printed and sent to Department with payment and application(s)!**

Membership Year: \_\_\_\_\_ Transmittal #: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_  
 Unit Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_ Date: \_\_\_\_\_  
 Contact Name (in case of issues): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Check Number: \_\_\_\_\_ (make payable to **Department of Nevada**)

**Dues**

Number New of Juniors: \_\_\_\_\_ x \$3.50 = \_\_\_\_\_

**TOTAL DUE:**

\$

**NEW JUNIOR MEMBERS**

**MUST** include **COMPLETED APPLICATION**

**Double check & verify this information is complete on each application!**

	Member Name	Unit Info	Date of Birth Recorded	Parent Signed	Qualifying Veteran	Veteran Living or Deceased	If Living, Post #	Era Recorded	Relationship to Veteran	Post Officer Signed
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

**FOR DEPARTMENT USE ONLY**

Ck #: \_\_\_\_\_ Amount: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Notes Overpayment Made - Credit: \_\_\_\_\_

Underpayment Made - Owed: \_\_\_\_\_

RM: \_\_\_\_\_