

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 Seniors: _____ x \$33.00 = _____

TOTAL DUE:

\$

NEW SENIOR MEMBERS

MUST include **COMPLETED APPLICATION**

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

	Member Name	Unit Info	Member 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: _____