

Application for Membership

New Hampshire Veterans Association

(please print)

Name _____ Yearly _____ \$25.00

Mailing Address _____ Life _____

City/town _____ Age 21-36 \$100

State _____ Zip _____ Age 37-55 \$75

Telephone # (____) _____ Age 56-over \$50

e-mail address _____

Last 3 Employers _____ Dates _____ Phone# _____

_____ Dates _____ Phone# _____

_____ Dates _____ Phone# _____

A copy of at least one of the following must be enclosed

DD-214 (showing Honorable Discharge)

Military ID (Active or retired)

Other (OK'd by Membership chairman, or B.O.D.)

Do you belong to any other Group, Club, or Organization? (please list)

Have you ever been convicted of a felony? Yes _____ No _____

I agree to abide by the rules, regulations, and By Laws of the New Hampshire Veterans Association.

Applicants Signature _____

PROOF OF RESIDENCY

N.H. Drivers License (send copy)

Other (OK'd by Membership Chairman or B.O.D.)

Mail to; New Hampshire Veterans Association

P.O. Box 5591

Weirs Beach N.H. 03247