



Application of Membership (please complete a separate application for each individual joining)

Full Name: _____
Last First MI

Address: _____
Street Address Apartment

City State

Phone: (____) _____ Alternate: (____) _____

Email: _____

Joining As: Veterans Family Member (name of veteran) Date of Service:
_____ From: __/__/__ To: __/__/__

Current Status Discharged/Retired Reserves National Guard Active Duty

Branch of Service:

- Air Force Army Coast Guard Marines
- National Guard Navy Reserves

Other Information

How did you hear about us? _____

Are you active in any other veterans organizations? _____

Would you like to be contacted about serving on a committee or in a leadership role? Yes NO

Mission Statement

NATIONAL ASSOCIATION of CONCERNED VETERANS is a national organization dedicate to ensuring that the rights and needs of veterans, active-duty service members and their families are:

- Understood** by the American public,
- endorsed** by our elected officials, and
- Protected** by legislation, regulation and public policy initiatives

I have read and support the National Association of Concerned Veterans Mission Statement.

Signature

Date

- New Member Renewal
 Annual \$35 3-yrs \$100

I would also like to make a donation of \$ _____

Mail with your check payable to:
National Association of Concerned Veterans
4850 Jay St NE
Washington DC ,20019

For more information call (202)364-2983 or email info@nacv1.org

***Membership will be free till October 15 2015**