

Enclose the name and contact number of the person submitting this form:

NAME: _____ PHONE: _____

NEW MEMBER DATA FORM

UNIT # _____

DISTRICT # _____

NAME OF NEW MEMBER _____

ADDRESS OF NEW MEMBER _____

CITY, STATE, ZIP _____

PHONE NUMBER H/C/W _____ H/C/W _____

EMAIL ADDRESS _____

JUNIOR

SENIOR

DATE OF BIRTH _____ (MUST HAVE IF JUNIOR)

NAME OF VETERAN ELIGIBLE THROUGH _____

LIVING

DECEASED

IF VETERAN IS LIVING YOU MUST PROVIDE:

POST NAME, NUMBER, & CITY _____

VETERAN SERVED WAR ERA _____

WW I	4.6.1917 - 11.11.1918	WW II	12.7.1941 - 12.31.1946
US Merchant Marines	12.7.1941 - 12.31.1946	Korea	6.25.1950 - 1.31.1955
Vietnam	2.28.1961 - 5.7.1975	Lebanon/Grenada	8.24.1982 - 7.31.1984
Panama	12.20.1989 - 1.31.1990	Gulf War/War on Terror	8.2.1990 - cessation of hostilities
Other Conflicts	(any time period that isn't reflected above)		

APPLICANTS RELATIONSHIP TO ELIGIBLE VETERAN _____

(Daughter, Granddaughter, Grandmother,
Mother, Self, Sister, or Wife/Husband Spouse.)

NOTICE: ALL ITEMS MARKED WITH * MUST BE FILLED OUT