



**MEMBERSHIP APPLICATION**

<input type="radio"/> Membership Renewal	<input type="radio"/> Membership Card Needed	<input type="radio"/> New Member	Chapter's Name and Number:
--	--	----------------------------------	----------------------------

Prefix:	First Name:	Middle Initial:	Last Name:
Address:		Last four SSN:	
City:	State:	Zip:	Country:
Email:		Cell Phone:	
Home Tel:	Work Tel:	Fax:	
Date of Birth:	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other		
Present Status:	<input type="radio"/> Active-Duty <input type="radio"/> Reservist <input type="radio"/> National Guard <input type="radio"/> Retired		
	<input type="radio"/> Veteran (180 days with honorable discharge) <input type="radio"/> Veteran (honorable discharge)		
	<input type="radio"/> Veteran (other than honorable discharge) <input type="radio"/> Non-Veteran (non-veterans are Associate Members)		
Branch of Service:	Type of Discharge:	Service Dates:	
Attached is a copy of my: <input type="radio"/> DD214 <input type="radio"/> Veterans ID			

Referred by:	Chapter and Region Affiliation:
Currently Employed? (optional) <input type="radio"/> Yes <input type="radio"/> No	Occupation: _____ Company: _____
Other Memberships (optional)	
Race/Ethnicity (optional): <input type="radio"/> African American <input type="radio"/> Alaskan Native <input type="radio"/> Asian <input type="radio"/> Caucasian <input type="radio"/> Hispanic <input type="radio"/> Native American <input type="radio"/> Native Hawaiian <input type="radio"/> Pacific Islander <input type="radio"/> Latino <input type="radio"/> Other	

<p><b>Membership Types:</b></p> <input type="radio"/> \$40 Annual Membership <input type="radio"/> \$70 Two-year Membership <input type="radio"/> \$95 Three Year Membership <input type="radio"/> \$300 Silver Life Membership <input type="radio"/> \$600 Gold Life Membership <input type="radio"/> \$1,200 Diamond Life Membership <input type="radio"/> Additional Tax-Deductible Contribution of \$ _____	<p>I authorize NABVETS to charge my credit Card or banking account when this form is received. This payment authorization is valid and to remain in effect until written end date or upon sending notice to NABVETS at</p> <p><a href="mailto:NABVETSMembership@NABVET.org">NABVETSMembership@NABVET.org</a> or  NABVETS Membership  C/O Membership Chair Commander Brown  6437 Garners Ferry Road Columbia, SC 29209 five days prior to the scheduled payment date.</p>
---	--

Credit Card: <input type="radio"/> Visa <input type="radio"/> Mastercard <input type="radio"/> Discover <input type="radio"/> American Express
Security Code _____ Billing Zip Code _____

I hereby attest that I will abide by the principles and policies of the National Association for Black Veterans, Inc. and to the utmost of my abilities assist in the promotion of positive lifestyles for veterans, their family members, and the community with a special emphasis on the unmet needs of minority veterans and youth development.

Signature: _____	Date: _____
------------------	-------------

