



MEMBERSHIP APPLICATION

Please complete the following information. For prompt processing, complete all areas before submitting this application. To join online using your credit card, visit www.nabvets.org.

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|--|-------------|--|---|
| Prefix: | First Name: | Middle Initial: | Last Name: |
| Address 1: | | Address 2: | |
| City: | | State: | Zip: Country: |
| Email: | | Cell: | |
| Home Tel: | | Work Tel: | Fax: |
| Date of Birth: | | Age: | Gender: <input type="radio"/> Male <input type="radio"/> Female |
| Present Status: <input type="radio"/> Active Duty <input type="radio"/> Reservist <input type="radio"/> Veteran (served 180 days with honorable discharge) <input type="radio"/> National Guard <input type="radio"/> Retired <input type="radio"/> Non-Veteran (non-veterans are Associate Members) | | | |
| | | Branch of Service: | Service Dates: _____ to _____ |
| <input type="radio"/> Membership Renewal | | <input type="radio"/> New Member NABVETS Chapter (if applicable) | |
| Referred by: <input type="radio"/> Eclipse Magazine <input type="radio"/> Website <input type="radio"/> Community Event <input type="radio"/> Veterans Administration <input type="radio"/> Friend <input type="radio"/> Other _____ | | | |
| Currently Employed? <input type="radio"/> No <input type="radio"/> Yes | | Occupation: | Company: |
| Retired? <input type="radio"/> No <input type="radio"/> Yes | | Other Memberships (optional): | |
| Race/Ethnicity: <input type="radio"/> African American <input type="radio"/> Asian <input type="radio"/> Caucasian <input type="radio"/> Hispanic (optional) <input type="radio"/> Native American <input type="radio"/> Pacific Islander <input type="radio"/> Latino <input type="radio"/> Other <input type="radio"/> Alaskan Native <input type="radio"/> Native Hawaiian | | | |
| Membership Type: All memberships include a subscription to the <u>Eclipse Magazine</u> , for the length of the membership and Chapter Dues for the length of the membership. <input type="radio"/> \$40 Annual Membership <input type="radio"/> \$70 Two year Membership <input type="radio"/> \$95 Three year Membership <input type="radio"/> \$300 Life Membership <input type="radio"/> \$600 Gold Life Membership <input type="radio"/> \$1,200 Diamond Life Membership <input type="checkbox"/> Additional Tax Deductible Contribution of \$_____ | | If you are paying by check or money order, check here <input type="checkbox"/> and make payable to NABVETS. Mail payment and completed application to: National Association for Black Veterans PO Box 7096 Denver, CO 80207 | |
| 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 families, and the entire community, with a special emphasis on the unmet needs of minority veterans and youth development. | | | |
| Signature: | | Date: | |