



## MEMBERSHIP APPLICATION

P.O. Box 26805 Fayetteville NC 28314-5030  
Tel. 1-877-NAB.VETS • Email: nabvets@nabvets.org

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](http://www.nabvets.org).

<input type="radio"/> Membership Renewal		<input type="radio"/> New Member		NABVETS Chapter (if applicable):	
Prefix:	First Name:	Middle Initial:	Last Name		
Address 1:		Address 2:			
City:	State:	Zip:	Country:		
Email:		Cell Phone:			
Home Tel:		Work Tel:	Fax:		
Date of Birth:		Gender: <input type="radio"/> Male <input type="radio"/> Female			

Present Status:	<input type="radio"/> Active Duty	<input type="radio"/> Reservist	<input type="radio"/> National Guard	<input type="radio"/> Retired
	<input type="radio"/> Veteran (Served 180 days with honorable discharge)			
	<input type="radio"/> Non-Veteran (non-veterans are Associate Members)			

Branch of Service:	Service Dates:
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Referred by:
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Currently Employed? (optional) <input type="radio"/> Yes <input type="radio"/> No	Occupation:	Company:
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Other Memberships (optional)
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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"/> Latino	<input type="radio"/> Pacific Islander	
	<input type="radio"/> Native American	<input type="radio"/> Native Hawaiian	<input type="radio"/> Other	

<b>Membership Types:</b> <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="checkbox"/> Additional Tax Deductible Contribution of \$ _____	If you are paying by check or money order, check here <input type="checkbox"/>  Please make check or money order payable to "NABVETS." Mail Payment and completed application to:  National Association for Black Veterans:
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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 their entire community - with a special emphasis on the unmet needs of minority veterans and youth development.	
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Signature:	Date:
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