



Springfield Chapter 00102 878 State Street Springfield, MA 01109

## CHAPTER MEMBERSHIP APPLICATION

Please complete the following information. For prompt processing, complete all areas before submitting this application.

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)			
Social Security:	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"/> Community Event <input type="radio"/> Website <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: (optional) <input type="radio"/> African American <input type="radio"/> Asian <input type="radio"/> Caucasian <input type="radio"/> Hispanic <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			
<b>Membership Type:</b> <input type="radio"/> \$25 Annual Membership  <input type="radio"/> \$300 Life Membership (Beret Included with paid Life Membership)  * 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:  NABVETS Springfield Chapter 00102 P.O. Box 90261 Springfield, MA 01139	
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:	