



MEMBERSHIP APPLICATION FORM

Howard County Vietnam Veterans, Inc.
 8313 E. 400 S.
 Greentown, IN 46936

Phone: (765) 628-0297
Fax: (765) 628-3068
Web Site: www.hcvvo.net
Email: vveterans@aol.com

Please note that if you are a veteran, you must supply a copy of your 00214 form with this application for membership unless you have previously submitted a copy.

___ Please check here only if you need to have the newsletter and/or camping form mailed to you because you have no access to the internet and/or cannot print out these forms from the website.

Name: _____ Address: _____
 Date: _____ City: _____
 DOB: _____ State: _____ Zip Code: _____
 Email: _____ Phone: _____ Cell Phone: _____

Branch of Service: _____
 Unit served with: _____
 # of years: _____

___ You have my permission to release my personal information to other HCVVO members.
 ___ You DO NOT have my permission to release my personal information to other HCVVO members.
 ___ I agree to abide by the by-laws of this organization.

SERVED DURING: (check all that apply)

| | | |
|--|---------------|-----------------------------|
| ___ Vietnam (location served in-country) | ___ Peacetime | ___ Gulf War |
| ___ Vietnam era | ___ Grenada | ___ Afghanistan |
| ___ Panama | ___ Somalia | ___ Enduring Freedom |
| ___ WWII | ___ Bosnia | ___ Iraq |
| ___ Korea | ___ Lebanon | ___ Associate (non-veteran) |
| ___ Cold War | ___ Kosovo | ___ Other (specify) |

MEMBERSHIP TYPE: (circle one in both categories)

1. Annual -or- Lifetime

2. New -or- Renewal

Annual = \$20
 Lifetime = \$100

Payment received by: _____

Paid for with:
 ___ Money Order #
 ___ Cash
 ___ Check #