

PO Box 11432 • Milwaukee, Wisconsin 53211 • Tel. 1.877.NAB.VETS • Email nabvets@nabvets.org

Please complete the following information. For prompt processing, please complete all areas. To join on-line using your credit card, visit www.nabvets.org Prefix ____First Name MI ___Last Name Suffix____ Address City _____ State _____ Zip ____ Country ____ Email ____ Home Tel. Work Tel. ____ _____ Mohile Tel. _ Fax Date of Birth _____ Age ____ □ Female □Male Present Status

Active duty ☐ Reservist ☐ Veteran (served 180 days with honorable discharge) ☐ National Guard □ Retired ☐ Non-veteran (non-veterans are Associate Members) Veterans, please include copy of your DD214 (Optional) Social Security _____ Branch of service _____ Service Dates ____ to ____ Referred by ☐ Eclipse Magazine ☐ Web site ☐ Community Event ☐ Friend Other ______ □ Veterans Administration ☐ Yes □ No Occupation _____ Company _____ Currently employed? Retired? ☐ Yes Other memberships (optional) □ No □ Caucasian ☐ African American Hispanic Race/Ethnicity ☐ Asian (optional) □ Native American Pacific Islander Latino Other ☐ Alaskan Native ■ Native Hawaiian **Membership Type** All memberships include a subscription to the Eclipse Magazine, for the length of the membership. Please make your check or money order payable to NABVETS and mail to: __ \$40 Annual Membership —— \$70 Two year Membership NABVETS Bronx Chapter #0029 _____ \$90 Three year Membership _____ \$300 Silver Life Membership PO Box 475 Bronx NY 10473 _____ \$600 Gold Life Membership Membership Chair: _____ S1200 Diamond Life Membership JoAnn Session ____ S Chapter dues (if applicable) Additional tax-deductible contribution of \$____ I hereby attest that I will abide by the principles and policies of the National Association for Black Veterans, Inc and to the upmost of my abilities, assist in the promotion of positive liftestyles for veterans, their families and the entire community, with special emphasis on the unmet needs of minority veterans, homeless veterans and youth development.

Signature ______ Date_____