RHOME VETERANS MEMBERSHIP APPLICATION

Application for:	Veteran membership	DOB
	Auxiliary membership	Anniversary
Name		
Home Phone		
Cell Phone		
Email Address		
Mailing Address		
Home Address		
(if different than mailing)		
Branch Of Service		
Dates Of Service		
Signature of Applicant		
Date of Application		
Emergency Contact Name		Phone
	military ID if active, retired, i	y viewing a copy of applicant DD reserve, or guard. We do not keep a
		ome Veterans is a non-political veteranalso be members by joining the
2 0	current calendar year and wi Ianuary business meeting each	ll not be pro-rated. All membership h year.
	Rhome Veterans Use O	nly
Verification method:		
DD Form 214		Military ID
VA Medical Card		Other (specify):
Signature of verifying members	er:	
Dues Paid: \$		