**8 SUMTER, S.C. COMBAT**

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 **VETERANS GROUP**

 **529 NORTH WISE DRIVE, SUMTER, SC 29153**

 **803-774-VETS (8387) ssccvgroup@gmail.com**

 **SOME GAVE SOME \* SOME GAVE ALL \* SOME STILL DO**

**MEMBERSHIP APPLICATION**

**LAST NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_MI:\_\_\_\_**

**DOB: MONTH\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_YEAR\_\_\_\_\_\_\_\_**

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE:\_\_\_\_\_\_\_\_ZIP CODE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE:\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_**

**CELL PHONE:\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MILITARY SERVICE DATE: FROM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BRANCH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RANK AT DISCHARGE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HONORABLY DISCHARDED: (PLEASE CIRCLE) YES NO \*\*AVAILABLE DD-214 YES NO**

**I affirm the information set forth on this application is true and complete. I understand if I am accepted as a member of the SUMTER SC COMBAT VETERANS GROUP, any false statements, inaccuracy, or misrepresentations are grounds for my immediate dismissal. I further understand that dues are $120.00 per year and are required to be paid in full NLT 30 June of each year.**

**NAME PRINTED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application dollars attached: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_C/Post approval: \_\_\_\_\_\_\_\_\_\_\_Treasure:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Commander’s approval:\_\_\_\_\_\_\_\_\_Endorsed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Final approval: YES NO**