Traditional American Indian Veterans Association

MEMBERSHIP APPLICATION

Mail To: PO Box 725, FM 1103 #298, Cibolo, Texas 78108

Please Select one:

] Individual Adult (18 years old and over)			Dues \$30 per year						
				Dues \$15 per year						
] Children (8 thro	Dues \$ 0 per year								
] Tiny Tots (0 thro	ough 7 years o	old)	Dues Free						
	Teens (13 through 17 years old) Children (8 through 12 years old) Tiny Tots (0 through 7 years old) Family Rate Elders (Anyone 65 years of age and over) *(All family members must reside in the same house, or in the military, children 23 years and older Select all that Veteran [] Of American Indian Heritage) *. The following Information is reconstructed by the same house, or in the military, children 23 years and older Select all that Veteran [] Of American Indian Heritage) *. The following Information is reconstructed by the same house, or in the military, children 23 years and older Select all that Veteran [] Of American Indian Heritage) *. The following Information is reconstructed by the same house, or in the military, children 23 years and older Select all that Veteran [] Of American Indian Heritage) *. The following Information is reconstructed by the same house, or in th	Dues \$60 Max	per y	ear						
] Elders (Anyone	65 years of ag	ge and over) Exempt of I	Dues					
	*(All family members must reside in the same house, EXCEPTIONs are made for children away at schoor in the military, children 23 years and older CANNOT be included in the family rate) *.						ool			
	Select all that apply:									
	Veteran [] Of American Indian Heritage [] Associate []									
	*(An Associate is if a prospective member is Honoring a Veteran or someone of American Indian Heritage) *.									
The following Information is required for each Member										
	Name:			DOB:	/_	_/				
	City:	State:	ZIP:	Phone:						
	Name:			DOB:	/					
	 Name:			DOB:		/				

Name:			/	
Address:			Email:	
City:	State:	ZIP:	Phone:	
Name:			DOB://	
Address:			_	
City:	State:	ZIP:		
Name:			DOB://	
Address:			Email:	
City:	State:	ZIP:		
Name:			DOB://	
			Email:	
City:	State:	ZIP:	Phone:	
Name:			DOB://	
Address:			Email:	
City:	State:	ZIP:		
Name:			DOB://	
City:	State:	ZIP:		
Name:			DOB://	
Address:			Email:	
City:	State:	ZIP:	Phone:	