



## Wise County Veterans Group

### LIFETIME MEMBERSHIP APPLICATION

In applying for a Veteran Membership in the Wise County Veterans Group, the Undersigned hereby declares to be an honorable discharged veteran of the Military Services of the United States of America.

**Please attach your DD 214 to this application.**

Name \_\_\_\_\_ Service: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Email: \_\_\_\_\_

Name Tag Preferences: Name: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

City: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Fees Submitted:

Veteran Membership	\$50.00	\$ _____
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Vest with WCVG Patch, Back Patch & Name Tag	\$80.00	\$ _____
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Size: L, XL, 2XL, 3XL, 4XL, 5XL

WCVG Park Brick	\$35.00	\$ _____
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Additional Bricks	\$50.00	\$ _____
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Total: \$ \_\_\_\_\_

#### FOR OFFICIAL USE ONLY

Application rec'd by \_\_\_\_\_ Paid by: Cash \_\_\_\_\_ CC \_\_\_\_\_ Check \_\_\_\_\_

Name on Check: \_\_\_\_\_ Check #: \_\_\_\_\_

Address on Check: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Received DD214? No \_\_\_\_\_ Yes \_\_\_\_\_ Date \_\_\_\_\_

Vest issued: No \_\_\_\_\_ Yes \_\_\_\_\_ Date \_\_\_\_\_