



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:	_____	email:	_____
Phone:	_____	Spouse Name:	_____
Signature:	_____	Date:	_____

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

Name on Check:	_____	Check #:	_____
Address on Check:	_____	City:	_____
		State:	_____
Name Tag Preferences: Name:	_____		
	Branch of Service:	_____	
	City:	_____	