

Texas Association of Vietnam Veterans
North Texas Chapter
1668 Hawes Avenue
Wichita Falls, Texas 76303



Membership Application

APPLICANT'S PERSONAL INFORMATION

APPLICANTS NAME: _____ SOCIAL SECURITY #: _____
Last Name, First Name, Middle Initial

ADDRESS: _____
Street Number, Post Office Box

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH : _____ HOME PHONE #: _____ WORK PHONE # : _____
Month, Day, Year

NAME OF SPOUSE: _____ NUMBER OF CHILDREN: _____
First Name, Middle Initial

IN CASE OF EMERGENCY CONTACT: _____ PHONE #: _____

APPLICANT'S MILITARY HISTORY

BRANCH OF SERVICE: _____ SERVICE NUMBER: _____

HIGHEST GRADE/RANK HELD: _____ SERVICE PERIOD: FROM: _____ TO: _____
MONTH, YEAR MONTH, YEAR

OVERSEAS AREA(S) SERVED: _____

MILITARY SPECIALTY: _____
MOS, AFSC, TRAINING SKILLS OR JOB TITLE

A COPY OF YOUR DD FORM 214 OR 225 MUST BE SUBMITTED WITH YOUR APPLICATION AND ON FILE WITH THE CHAPTER OFFICE

THIS SECTION WILL BE COMPLETED BY THE CHAPTER PRESIDENT OR VICE-PRESIDENT

MEMBERSHIP STATUS

APPLICANT MEMBERSHIP STATUS: ACCEPTED FOR MEMBERSHIP REJECTED – GIVE REASON BELOW

IF ACCEPTED, TYPE MEMBERSHIP: REGULAR MEMBER ASSOCIATE MEMBER

DATE FINALIZED: _____ APPLICANT WAS REJECTED FOR MEMBERSHIP FOR THE FOLLOWING REASON(S) : _____

CHAPTER PRESIDENT/VICE PRESIDENT: _____
SIGNATURE OF CHAPTER PRESIDENT/VICE-PRESIDENT

ANNUAL MEMBERSHIP DUES ARE \$15.00 and MUST BE SUBMITTED WITH YOUR APPLICATION