

# MONTEREY BAY VETERANS, INC. MEMBERSHIP APPLICATION

Membership Year: January 1, to December 31, 2018

NAME: \_\_\_\_\_  
Last First MI

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

I am eligible for membership through:

- I have honorably served in the Armed Forces of the United States, and will abide by the Doctrines, Principles, By-Laws, and Constitution of this Organization.
- I am a wife or widower of a past or present member of the Armed Forces of the United States that will abide by the Doctrines, Principles, By-Laws, and Constitution of this Organization.
- I am a citizen of the United States that will abide by the Doctrines, Principles, By-Laws, and Constitution of this Organization.

Type and % of Disability (if any) \_\_\_\_\_ Chair Use: Yes \_\_\_ No \_\_\_

Initial Membership  Renewal  Enclosed is my \$25.00   
Membership Dues Enclosed is my \$225.00 Life membership

I also wish to donate \$5. \_\_\_ \$10. \_\_\_ \$20. \_\_\_ Other \$ \_\_\_\_\_

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Signature of Applicant \_\_\_\_\_

Please Make Check Payable to **Monterey Bay Veterans, Inc.**

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FOR OFFICE USE ONLY

\$ \_\_\_\_\_  
Money Received In Computer Membership Card Mailed