



Veterans United

"Helping Veterans and Their Families"

Application for Membership

Full Member (\$30 One time fee)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ E-Mail: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Additional E-Mail Address: _____

Current Military or Civilian Status:

Active Duty Active Guard or Reserve Retired Honorable Discharge Civilian

Have you ever been convicted of a felony? Yes No

Are you a registered sex offender? Yes No

If you answered yes to either of the above, please explain: _____

Membership applicants must provide a copy of their DD214, and / or military ID, and / or driver's license.

Do you currently own a licensed motorcycle? Yes No

Do you have a motorcycle endorsement? Yes No

Emergency Contact Information:

Name: _____ Relation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Please provide 3 personal References:

1. Name: _____ Phone: _____ E-Mail: _____
Relationship: _____
2. Name: _____ Phone: _____ E-Mail: _____
Relationship: _____
3. Name: _____ Phone: _____ E-Mail: _____
Relationship: _____

Please list any family Veteran history: _____

I hereby certify that all information provided is true to the best of my knowledge.

Signature: _____

Your application will be reviewed at the next board meeting and you will be contacted to complete an interview at a later date.

Administrative Use

Membership review of application: _____ Date: _____

Board member Interview: _____ Date: _____

Voted In: ___ Yes ___ No

Dues Paid: _____ Date: _____ Membership Roster Updated: _____ Date: _____