



**MEMBERSHIP APPLICATION**

**NAME** \_\_\_\_\_

**E-Mail address** \_\_\_\_\_

**Mailing address** \_\_\_\_\_

**Preferred telephone** \_\_\_\_\_

**Birth Date** \_\_\_\_\_

**Branch of service:** \_\_\_ Army, \_\_\_ Navy, \_\_\_ Air Force, \_\_\_ Coast Guard, \_\_\_ USMC

**Dates of service:** From \_\_\_\_\_ to \_\_\_\_\_, Rank \_\_\_\_\_

**Service specialty** \_\_\_\_\_

**Family member currently in the service:** Name, rank, branch, theater, \_\_\_\_\_

**My special interest in the Veterans Club is:** \_\_\_ general help, \_\_\_ leadership, \_\_\_ communications, \_\_\_ club's committees, \_\_\_ Veteran's Guest House, \_\_\_ Veteran's Hospital, \_\_\_ Sunshine committee, \_\_\_ fund raising projects, \_\_\_ help individual veterans, \_\_\_ Other (specify) \_\_\_\_\_

**Annual dues are \$30, payable by cash, check or credit card at IVGID Recreation Center, 980 Incline Way, Incline Village, NV 89451, or to the club's treasurer.**

**I give permission to the IV/CB Veteran's Club to use this information for the club's business and to share this information with Incline Village General Improvement District.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Comments** \_\_\_\_\_