



National Women Veterans United

Address: P.O. Box 20149
Chicago, IL 60620
(312) 458-9130

Membership Application

Name: _____

Address: _____

Phone: _____ Cell _____

E-Mail: _____

Military: _____ **Branch** _____ **ING** _____ **Reserves**

_____ **Foreign Service** _____ **Location**

_____ **Officer** _____ **Enlisted** _____ **Rank**

_____ **Date Entered** _____ **Date Discharged**

Committee Interest: Check all that apply:

_____ **Membership** _____ **Legislation** _____ **Public Relations**

_____ **Entertainment/Special Events** _____ **Mentor**

_____ **Veterans Affairs** _____ **Honor Guard** _____ **Finance**

Annual Membership Fee \$50.00 _____ **Copy to Membership Chair**

\$ _____ **Paid** **Signature:** _____ **Date Paid** _____

“ONE VOICE. ONE VISION”