



## MEMBERSHIP APPLICATION / RENEWAL

Please complete the following information. For prompt processing, complete all areas before submitting this application.

☐ Membership Renewal    ☐ New Member    NABVETS Chapter (if applicable) \_\_\_\_\_

Prefix \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender ☐ Male ☐ Female ☐ Prefer Not To Say

Present Status    ☐ Active Duty    ☐ Reservist    ☐ National Guard    ☐ Retired  
☐ Veteran (served 180 days with honorable discharge)    ☐ Non-Veteran (non-veterans are Associate Members)

Branch of Service \_\_\_\_\_ Service Dates \_\_\_\_\_

Referred By \_\_\_\_\_

Currently Employed? (optional) ☐ Yes ☐ No    Occupation \_\_\_\_\_ Company \_\_\_\_\_

Race/Ethnicity (optional)    ☐ African American    ☐ Alaskan Native    ☐ Asian    ☐ Caucasian    ☐ Hispanic    ☐ Native American  
☐ Native Hawaiian    ☐ Pacific Islander    ☐ Latino    ☐ Other \_\_\_\_\_

☐ I hereby attest that I will abide by the principles and policies of the National Association for Black Veterans, Inc. and, to the utmost of my abilities, assist in the promotion of positive lifestyles for veterans, their family members and their entire community - with a special emphasis on the unmet needs of minority veterans and youth development.

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

**Membership Types** *All memberships include Chapter dues for the length of the Membership.*

- ☐ \$40 Annual Membership
- ☐ \$70 Two Year Membership
- ☐ \$95 Three Year Membership
- ☐ \$300 Silver Life Membership
- ☐ \$600 Gold Life Membership
- ☐ \$1,200 Diamond Life Membership
- ☐ Additional Tax Deductible Contribution of \$ \_\_\_\_\_

**Questions?** Contact **Alvin Fagan**, *Membership Chairman*, by phone: **210-687-2850**, by email: **nabvetstexascdr@gmail.com**, or visit us online at **AlamoNABVETS.org**.

Mail payment and completed application to:

**NABVETS San Antonio Chapter #0085**

**Attn: Membership Chairman**

**PO Box 453**

**Converse, TX 78109**

or pay online at **AlamoNABVETS.org**

Make check or money order payable to:

**NABVETS San Antonio Chapter #0085**