

OPERATION PTSD A VETERAN'S GROUP INC.

Veterans Membership Application Form

Personal Information

- Full Name: _____
- Date of Birth: ___ / ___ / ____
- Address: _____
- City: _____ State: ___ ZIP: _____
- Phone Number: _____
- Email Address: _____

Military Service Information

- Branch of Service: Army Navy Air Force Marines Coast Guard Other: _____
- Rank at Discharge: _____
- Service Start Date: ___ / ___ / ____
- Service End Date: ___ / ___ / ____
- Type of Discharge: Honorable Other (please specify): _____
- Service Number / ID (optional): _____

Membership Type

- Regular Veteran Membership-Donation \ \$120 A Year with one Operation PTSD. Tee
- (Non-veteran supporter) Volunteer's Free

• Emergency Contact

- Name: _____
- Relationship: _____
- Phone Number: _____

Declaration & Signature

I certify that the information provided is accurate to the best of my knowledge. I understand that falsifying information may result in denial or termination of membership.

Signature: _____ Date: ___ / ___ / ____

For Office Use Only

Membership Number: _____ \ Date Approved: ___ / ___ / ____ \ Approved By:
