

VETERANS OF THE STEPHENTOWN AREA

APPLICATION FOR MEMBERSHIP

NAME: _____ DATE: _____

ADDRESS: _____

DATE OF BIRTH: _____ SS#: _____

ENLISTMENT DATE: _____ DISCHARGE: _____

SERVICE NUMBER (if not SS#): _____

TELEPHONE: _____

SPOUSE'S NAME: _____

YOUR EMPLOYMENT: _____

SIGN: _____

NEED PROOF OF SERVICE – DD-214 OR DISCHARGE

MAIL APPLICATION AND CHECK OR MONEY ORDER FOR \$10.00
(MEMBERSHIP DUES) TO:

VETERANS OF THE STEPHENTOWN AREA
P.O. BOX 612
STEPHENTOWN, NY 12168