

New Hampshire Veterans Association PO Box 5591 Weirs Beach, NH 03247

Application for Membership

Υοι	ur Name (please print legibly)						
Соі	nplete Mailing address						
City	y, State, Zip Code	Phone Number ()					
E-n	nail Address:						
Ple	ase list your last 3 employers:						
1.	Employer	From/To Dates:	Ph	one #			
2.	Employer	_ From/To Dates:	Ph	one #			
3.	Employer	_ From/To Dates:	Ph	one #			-
Нач	ve you ever been convicted of a felony crir (Background checks may be requested at		-	on or Bo	ard of	Director	s)
Υοι	ur Membership Level & Dues Amount (sele Annual Membership - \$25.00 Mer Lifetime Membership (please select your * Age 18-36 =\$100.00 *	mbership runs 1 January – age group at the time of a	pplication)		*	Age 80+	is free
	Application to complete my memb	pership file – No payment D	Due. Your N	HVA ID #			
Υοι	u must submit the following with this appli 1. Proof of Residency in the State of N a.) Copy of NH Driver's License, or; b.) NH State Issued ID Card (no oth 2. Proof of Honorable Discharge; a.)A copy of your Form DD-214 sh b.) Other official US Government	New Hampshire ; ier ID cards can be accepter owing your Honorable D	d) Discharge;		ice dat	es	
As	a condition of my consideration for memb	ership, I agree to abide b	by the rule	s, regula	ations	and By-	
Lav	vs of the New Hampshire Veterans Associa	ation at all times:					
Ар	plicant's Signature:			Date:	_/	_/	-
Che	ecks are payable to the "NHVA" and should	d be mailed to:					
	NHVA Membershi	p, PO Box 5591, Weirs B	Beach, NH	03247			
То	be completed by Membership/Quarterma	ster:					
ID i	# ID Card ma	ailed on///////	_				

* There is a waiting period of 1 (one) year for any auxiliary memberships on new members joining.