**Requirements:**

Membership #

\_\_\_\_\_\_\_\_\_\_\_\_\_

**Delhi Township Veterans Association**

**Membership Application**

1. **Veteran-honorable discharged**
2. **Active member of the military**
3. **Spouse of a veteran including widow or widower**
4. **Non-Veteran (up to 10% of the membership)**

**Applicant’s Information:**

Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt #\_\_\_\_\_\_\_\_\_\_\_

City/State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Honorably Discharged Veteran? Y\_\_\_\_ or N\_\_\_\_.

If not a Veteran then relationship to veteran \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Veteran Name\_\_\_\_\_\_\_\_\_\_\_\_

If veteran, time served \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Military Branch \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Membership Dues**  **Age- 65 Years or Older** | | |  |  | **Age- Younger than 65 years** | | |  |
| Plan | Frequency | Fee | **×** |  | Plan | Frequency | Fee | **×** |
| **A1** | Every Year | $18 |  |  | **A2** | Every Year | $25 |  |
| **B1** | Every 2 years | $30 |  |  | **B2** | Every 2 years | $45 |  |
| **C1** | Every 3 years | $42 |  |  | **C2** | Every 3 years | $63 |  |
| **D1** | Every 5 years | $65 |  |  | **D2** | Every 5 years | $100 |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Lifetime Membership** | | |  |  | **Lifetime Membership** | | |  |
| Plan | Age | Fee | **×** |  | Plan | Age | Fee | **×** |
| **L1** | 40 and under | $300 |  |  | **L4** | 61 thru 70 | $150 |  |
| **L2** | 41 thru 50 | $250 |  |  | **L5** | 71 thru 80 | $100 |  |
| **L3** | 51 thru 60 | $200 |  |  | **L6** | 81 and over | $50 |  |

Please fill out all information and remit payment: PO Box 389202, Cincinnati, OH 45238-9202 or email to [admin@delhiveterans.com](mailto:admin@delhiveterans.com) website: [www.delhiveterans.com](http://www.delhiveterans.com/)

I understand and to the best of my ability the information I provided is true and correct and I meet the requirements thereof. I understand that providing misinformation on this application is grounds for my application to be rejected or my membership to be revoked. I understand membership dues are payable upon my submission of membership application.

By my applying for membership to the Delhi Veterans Association, I commit myself to adhering to the Constitution, By-Laws and Rules of the Delhi Township Veterans Association.

Signature of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_