

Metropolitan Detroit Veterans Coalition Membership Application

Name

Best Reach Telephone Number

Mailing Address { City}

{ST}

{Zip}

EMAIL Address

Regular Membership: \$10.00

Date Paid _____

Life Time Membership: \$50.00

Date Paid _____

Veteran? YES NO

If Yes Fill Out Information Below

Years Served: From : _____

To: _____

Branch of Service _____

Date of Birth ____ / ____ / _____



By signing below you agree to adhere to the rules, and Constitution and By-Laws established by the Metropolitan Detroit Veterans Coalition's Membership & Officers.

Applicant Signature

Date

Date Membership Approved

Approving MDVC Officer Signature

Membership Number

Mail application to: MDVC, 500 Temple Street, Suite 4M, Detroit, MI 48201 or
detroitveteransdayparade@gmail.com.

Any Other Information You Care To Share?