

# Bellevue Veterans Club Inc.



## APPLICATION FOR MEMBERSHIP

NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

AGE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_ DATE OF DISCHARGE: \_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_

Are you now, or have you been, a member of any organization that advocates the overthrow of the United States Government by force or violence?  YES  NO

Have you ever been convicted of a felony?  YES  NO

EMPLOYER: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

TYPE OF WORK: \_\_\_\_\_

WIFE'S NAME: \_\_\_\_\_

CHILDREN'S NAMES AND AGES: \_\_\_\_\_

This application must be accompanied by your discharge or separation papers (DD214) and a \$25.00 annual membership fee. Two current members in good standing must recommend the application. By signing below you agree to a full background check.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RECOMMENDED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

RECOMMENDED BY: \_\_\_\_\_ DATE: \_\_\_\_\_