

APPLICATION

Name (Print):	Date of Birth	
Street, R.D. or P.O. Box :		
City:	State:	Zip Code :
Telephone /Cell:	Email:	
Signature of Applicant		Date
**********	***********	************
Regular Membership () Yearly dues \$	Additional Family Plan mem	bership () Yearly Dues \$15.00
Each additional application on the fami	ly plan is \$15.00 (Reg \$20 + \$15.00 addition	nal member)
Additional Family Member's Name:		
Dues Application Fee + \$10.00		
TOTAL <u></u>		
Donation	a thank you for my donation of \$100.00	
	a thank you for my donation of \$100.00	
Total		
**Please make your check payable to: Return application & check to: Joseph Vermaelen, Treasurer Gener Society of the Grand Army of the Re P.O. Box 84		Republic, Richard J. Clark Post 210

Bayport, New York 11705