

Date: _____

DELAWARE VETERANS COALITION

“Veterans Are Our Only Business”

APPLICATION FOR MEMBERSHIP

Membership is open to all U.S. armed forces veterans residing in the State of Delaware.

A copy of the veteran's **DD-214** (discharge form) must accompany the check, but will be returned with the applicant's membership card. **Veterans who are members in good standing of existing veteran organizations that require the DD-214 for admission are exempt from this requirement, but must provide proof of membership.**

Name: _____

Address: _____

City: _____ State: Delaware Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Date of Birth: _____ Gender: Male Female

Type of Membership

Individual Member – 1 Year: \$20

Individual Member – 3 Year: \$55

Individual Member – 5 Year: \$90

Payment Method

Check (Payable to: Delaware
Veterans Coalition)

Money Order

Signature: _____

Return your completed application with payment and ***proof of eligibility** to:

Delaware Veterans Coalition

P.O.Box 1829

Dover, Del. 19903

*A copy of the veteran's **DD-214** (discharge form) must accompany the check, but will be returned with the applicant's membership card. **Veterans who are members in good standing of existing veteran organizations that require the DD-214 for admission are exempt from this requirement, but must provide proof of membership.**

Revised: 08/03/11