



# Military Veterans Chapter Membership Application

Date \_\_\_\_\_

NEW  RENEWAL

Dues (\$10/yr)  2 yrs.  3 yrs.  4 yrs  5 yrs  Amount Pd \$ \_\_\_\_\_

- The Membership year is Jan.1<sup>st</sup> to Dec.31<sup>st</sup>. Dues paid after Sept. 30 shall cover the following year.
- If your dues are 90+ days in arrears, you have been removed from the Membership List. We need your info!!!

FMCA # \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Spouse Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_ Email address (print clearly) \_\_\_\_\_

Branch of Service \_\_\_\_\_ Spouse's Branch of Service (if any) \_\_\_\_\_

*I certify by my signature below, that I am on Active Duty with or was Honorably Discharged from the United States or Canadian Armed Forces or National Guard.*

\_\_\_\_\_  
Signature(s)

**Additional Purchases:**

**Additional Amt. Pd \$** \_\_\_\_\_

- Hat (\$12)
- Badge (\$7.50)
- Postage (\$5 for hat, \$4 for badge )

If paying by CHECK:

- Make checks payable to: Military Veterans Chapter FMCA.
- Please put your FMCA # on the bottom of your check.

If applying by US MAIL, Send to:

Military Veterans Chapter, PMB 1550  
3916 N Potsdam Ave  
Sioux Falls, SD 57104