



Military Veterans Chapter Membership Application

Date _____

NEW RENEWAL

Dues (\$10/yr) 1 yr. 2 yrs. 3 yrs. Amount Pd \$ _____

- The Membership year is Jan.1st to Dec.31st. 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 a United States Uniformed Service or Canadian Armed Forces or National Guard.

Signature(s)

I understand that I will not be a member until the Treasurer receives my dues payment.

I am sending dues payment via PayPal or US Mail

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