CHARTER APPLICATION FORM

Proposed Chapter Name _____

Location _____

City _____ State _____ Country _____

Telephone # _____ Founder _____

Founders Names _____

Person Making this Application _____
Sign by Founder or Founders

Three paid life members
start and form a local UVOA, chapter.

MEMBERSHIP APPLICATION

CUT HERE ..... CUT HERE ..... CUT HERE ..... CUT HERE ..... CUT HERE ..... CUT HERE ...

APPLICATION OF MEMBERSHIP UNITED VETERANS OF AMERICA, INC.

United Veterans Of America,

Yes I want to join the United Veterans of America. I want my rights and benefits protected. I will receive a membership certificate and I.D. card

CHECK ONE BOX ☐ U.S. ARMED FORCES ☐ ALLIED FORCES OF THE U.S.

Tel # Home _____ Office _____ Other _____

Name _____

Address _____ Country _____

City _____ State _____

Life dues $ 150.00 Annual dues $ 25.00

Amt. Paid $ _____

ANY AND ALL VETERANS ARE ELIGIBLE TO JOIN THE ORGANIZATION WITH HONORABLE DISCHARGE REGARDLESS OF RACE, COLOR, CREED, AGE OR RELIGION.

Sponsor _____ Date _____ Social Security # _____

Chapter # _____ State _____ Applicant Sign Here

Must Sign Above

To Join Make Checks or Money Orders payable to
UNITED VETERANS OF AMERICA
P.O. Box #539
Freeport, FL 32439-9627
(850) 835-2163