**2025 MEMBERSHIP APPLICATION**

We are dedicated to raising money to honor and assist local veterans of Alamance County that are in need. Yearly membership dues are $25.00 and will be used to help accomplish the mission of this non-profit organization as well as provide for an annual membership social event. Please fill out all information in its entirety and know that your information will not be shared with anyone.

**DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICANT INFORMATION:**

**Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The following information is optional and has no bearing on the acceptance of your application. This information will aid in the understanding of the demographics of the organization.

 Veteran. If Yes, please list Branch of Service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Family member of a Veteran

 Citizen interested in helping our Veterans

Thank you in advance for your support and your willingness to help carry out the mission of ALCOVETS. Make your check payable to ALCOVETS.

Amount enclosed for January 1 through December 31, 2025: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cash Check