

VETERANS NETWORK COMMITTEE of NORTHERN ILLINOIS MEMBERSHIP FORM

DATE: _____

NAME FIRST _____ M. _____ LAST _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE HOME _____ WORK _____

CELL _____

NAME OF PLACE OF WORK _____

DATE OF BIRTH _____, _____, _____ MARRIED SINGLE

NAME OF OTHER _____ DATE OF BIRTH _____, _____, _____

VETERAN; YES NO RANK _____

BRANCH OF SERVICE _____ **COPY OF D.D. 214 OR ACTIVE**

MILITARY I.D. NEEDED

IS SOMEONE IN YOUR FAMILY A VETERAN, YES YES NO

IF YES; WHO _____

DATE OF SERVICE _____ BRANCH _____

OTHER COMMENTS _____

ONE PICTURE ID NEEDED

DUES: \$20.00 PER YEAR

SIGN _____ DATE _____

Send your filled out form to VNC 515 Skyline dr. Fox River Grove, Illinois 60021

CHECK OUR WEBSITE FOR TIME AND PLACE-MEETINGS START AT 7:00 P M

VETERANSNETWORKCOMMITTEE.COM