



Date: / /

### Member Application: Military Veteran

#### Applicant Information

Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Hobbies/Interest: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Skills: \_\_\_\_\_

#### Military Veteran

Character of Discharge: \_\_\_\_\_ Branch of Service: \_\_\_\_\_ Copy of DD214? \_\_\_\_\_

V.A. Disability Rating: \_\_\_\_\_

If NOT, do you need assistance? (Please Explain) \_\_\_\_\_

#### Family Information

Spouse's Name: \_\_\_\_\_ Anniversary: \_\_\_\_\_

Spouse's D.O.B: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_ (M) (F) \_\_\_\_\_ D.O.B: \_\_\_\_\_

#### Disclaimer and Signature

*I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for dismissal or termination of membership with Survivors of War (S.O.W.).*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_