



Delaware Veterans Inc. Dover Post. #2  
Application for Membership

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ DOB: \_\_\_\_\_

Residence Address: Street: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Married? YES NO Spouse Name: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Evidence of Discharge: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Sponsored by: \_\_\_\_\_

Why would you like to become a member of Del Vets Post #2 \_\_\_\_\_  
\_\_\_\_\_

If accepted, I hereby agree to comply with the Constitution of By-Laws of the Delaware Veterans Inc. Post # 2, Dover, DE. All Applications must have a \$10.00 Application Fee

***I understand that all new Members must perform a minimum of 20 Volunteer Hours during their first 12 months of Membership.***

Applicant Signature: \_\_\_\_\_ Date of First Reading: \_\_\_\_\_

Membership Approval

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

Application Fee: \$ \_\_\_\_\_ Entered in Quickbooks? \_\_\_\_\_

Membership Fee: \$ \_\_\_\_\_ Reinstatement? \_\_\_\_\_

Key Purchase: \$ \_\_\_\_\_