



The Veteran Association of the 71st Inf. Regt. N.G.
of the State of N.Y.

AMOR PATRIAE VINCET

_____ 20 _____

COMRADS:

Mr. _____ is proposed for Military Auxillary membership in this Association by _____, a member in good standing.

Applicants Name: _____ Year of Birth: _____
Print name in full

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Email: _____

Next of Kin: _____ Occupation: _____

Original Military Service _____ Unit _____

. _____ Date _____

Date Discharged or Transferred out _____ Rank _____

List Other Military Service _____

Decorations: _____
_____ Present Rank _____

Were you ever a prior member of this Association? _____

I affirm my support of the U.S. Constitution and the By Laws of this Association _____ (initial)

Proposer Sign _____ Applicant Sign _____

SCREENING COMMITTEE

Print Name
Signatures
_____ yes ___ no ___

_____ yes ___ no ___

_____ yes ___ no ___

Approve?

Note: Applicant must include a check for a minimum of \$ 12.00 (\$10.00 Dues and \$ 2.00 for the Booster Fund.) There is no limit on Booster Fund donations. Mail application to the association Treasurer.

Nominees and applicants must be at least eighteen (18) years of age.

The Association is a 501 (c) 19 Veteran Association and Donations are Tax Deductible to the extent allowed by the IRS.