



## Veterans Committee of Harvey County



### Membership Application

APPLICANT INFORMATION			
Name:			
Date of Birth:	SSN:	Phone:	
Current Address:		Cell:	
City/State:	Postal Code:	E-Mail:	
Military Status:	Branch:	Rate/Rank:	
Service Began:	Service Ended:	Last Command:	
If no Military Service, are you related to someone who did? Yes No Who?			
EMERGENCY CONTACT			
Name:	Relationship:	Phone:	
Current Address:		Cell:	
City/State	Postal Code:	E-mail:	
SPOUSE INFORMATION (If joint membership)			
Name:	Date of Birth:	SSN:	
Current Address:		Cell:	
City/State:	Postal Code:	E-mail:	
CHILDREN (If membership desired)			
Name:	Date of Birth:	E-mail:	
Name:	Date of Birth:	E-mail:	
Name:	Date of Birth:	E-mail:	
Name:	Date of Birth:	E-mail:	
SIGNATURE			
Applicant:			Date:
Spouse:			Date:

Note: Military Status (Active Duty, Retired, Prior Service), Branch (USN, USA, USAF, USMC, USCG, KANG), Rate/Rank (Pvt/E-1, SN/E-3). For young children if you don't want to list their e-mail addresses please do not we understand the need to protect our children!

Membership dues of \$10.00 per person (ages 16 and Older) must be submitted with application to the Veterans Committee of Harvey County (VCHC) by mail at 1220 Columbus Circle, Newton, KS 67114. Upon receipt of application and dues the VCHC Secretary will issue a membership card for each member by mail.