



**U.S. MILITARY VETERANS PARADE ASSOCIATION
P.O. BOX 781353
SAN ANTONIO, TEXAS 78278-1353
APPLICATION FOR MEMBERSHIP**

Annual Dues: \$20.00

Applicant's Full Name: _____
PLEASE PRINT

Mailing Address: _____
PLEASE PRINT

City, State, Zip Code: _____
PLEASE PRINT

Home Phone: (____) _____ **Mobile:** (____) _____

Email Address: _____
PLEASE PRINT

PREFERRED METHOD OF CONTACT: (email) (MAIL) (PHONE) _____

Date of Birth _____ **Did you serve in the military (Yes) (No)**
Optional

Recommended for membership by: _____
(OPTIONAL) (PRINTED NAME OF MEMBER)

I understand the cost of membership to the U.S. Military Veterans Parade Association (USMVPA) is \$20.00 per year. I further certify I will comply with the rules, guidelines, and By-Laws of USMVPA and support its purpose and mission.

(Signature of Applicant)

(Date)

Please make check or money order payable to "USMVPA".

PLEASE DO NOT WRITE BELOW THIS LINE

Applicant is eligible for membership and is approved for announcement as a member at the next General Membership Meeting.

Membership announced to the General Membership on: _____

Membership card and copy of current By-Laws to new member on: _____

Membership Director's Initials: _____