

Membership Application



Complete this application and send it with your payment, made payable to:
 MID-COAST VETERANS ALLIANCE, PO BOX 5654, SANTA MARIA, CA 93456
 FEIN 47-2942966, mcva@mcva.us

Eligible applicants may be combat or non-combat veterans, active duty or National Guard serving anywhere in the world from any branch of service for the United States. Family is eligible for associate membership, along with any member of the general public who supports the mission of MCVA.

Last Name	First Name

Email Address (Please print clearly)

Mailing Address (Street or PO Box)

City	State	Zip

Home Phone	Cell Phone

Sponsor's Name: _____

Veterans who desire support services must turn in a DD214 to the MCVA Secretary.

<u>MEMBERSHIP DUES</u>
<input type="checkbox"/> \$20 Veteran/Active Duty Membership - 1 yr. <input type="checkbox"/> \$20 Associate Membership – Lifetime <input type="checkbox"/> \$50 Veteran/Active Duty Membership - 3 yr. <input type="checkbox"/> \$100 MCVA Life Membership
Shirt Size (Circle One) S M L XL XXL

Applicant's Signature: _____ Date: _____

MCVA Use ONLY	Membership ID#	Vet DD214 Received (Yes/No)
---------------	----------------	-----------------------------