

York County Veterans Alliance

Membership Form



Date: _____

First/Last Name: _____

Street _____ City/Town _____ State _____

Zip: _____ Home Phone: _____ Cell _____

Email address: _____

VETERAN: YES ___ NO ___ MUST SHOW PROOF OF SERVICE

Sponsor's (Members) Name: _____

Signature below attests to true/accurate information. Knowingly providing false information can result in denial of membership.

Applicants Signature: _____

DO NOT WRITE BELOW THIS LINE

Approved/Disapproved By Board: YES ___ NO ___ Date: _____

Official Signature: _____

Card Number Assigned To Member _____

.....CUT HERE.....

Date: _____

Amount Of Membership Dues Paid _____

Authorized Signature _____

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