

The National League of Female Veterans, INC.



MEMBERSHIP/RENEWAL FORM

NEW MEMBERSHIP

RENEWAL

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms
NAME				
ADDRESS 1				MAIN TELEPHONE
ADDRESS 2				WORK TELEPHONE (if different)
ADDRESS 3				HOME TELEPHONE
TOWN/CITY				MOBILE PHONE
ZIP CODE				PRIMARY EMAIL
JOB TITLE:				SECONDARY EMAIL

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check
FULL	Full Membership	5.00	
	For Membership descriptions see website https://www.nlfv.org/membership		
	<input type="checkbox"/> Online Payment		

Signature _____

Date: _____

To pay online: Go to <http://nlfv.org>

Please **make sure to send a copy of your membership form** to Tanya@nlfv.org