

# Baker County Veterans Application

\_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Dr. \_\_\_\_\_ Other \_\_\_\_\_  
Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Last, First, Middle Initial) (Optional)  
Home Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Preferred Email \_\_\_\_\_ Emergency contact name \_\_\_\_\_ Number \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? (This is not an automatic disqualifier, please Initial and explain) \_\_\_\_\_ Yes \_\_\_\_\_ No

Military Service: Army \_\_\_\_\_ Navy \_\_\_\_\_ Air Force \_\_\_\_\_ Marines \_\_\_\_\_ Coast Guard \_\_\_\_\_

Have you been awarded a Purple Heart or Medal of Valor? Please list all \_\_\_\_\_

Did a specific Baker County Veteran ask you to Join? Please list their name \_\_\_\_\_

## MEMBERSHIP AGREEMENT AND PLEDGE

I attest that I am a citizen of the United States, that my Service was honorable, that I have never subsequently been discharged from military service under dishonorable conditions. I do, of my own free will and, solemnly promise that I will bear true allegiance – to the Constitution of the United States – and I will always be loyal thereto. I further give authority to the Veterans of Baker County to verify honorable service entitling me to membership. I agree to abide by the council by-laws and acknowledge they are subject to change at the discretion of the majority of Council Members.

Member assumes any risks normally associated with the use of Council's facilities and the participation in activities or programs conducted by the Council. The Member knowing that the Council will rely upon the same in connection with granting the membership makes this representation and warranty.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR COUNCIL USE ONLY

BCVSO verification Date \_\_\_\_\_ Member Type \_\_\_\_\_

Amount Paid on joining \_\_\_\_\_ Member's Sponsor \_\_\_\_\_

Commander \_\_\_\_\_ Executive Officer \_\_\_\_\_ Treasurer \_\_\_\_\_ Secretary \_\_\_\_\_ Chaplain \_\_\_\_\_

Secretary Roster \_\_\_\_\_ Copy of By-laws \_\_\_\_\_ Copy of Roster \_\_\_\_\_ Date Accepted \_\_\_\_\_