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# VUFVI Membership Application

3 YEAR CHARTER MEMBERSHIP \$33

CHARTER LIFE MEMBERSHIP \$220

VUFVI National Headquarters

P.O. Box 571133

MIAMI, FL 33257

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Last Name

First Name

Middle Initial

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Spouse's First Name

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Street Address

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City

State

Zip

Birth Date: \_\_\_\_\_

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Date Enlisted

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Date Discharged

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Branch of Service

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Rank

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Campaign/Expedition Medals Awarded \_\_\_\_\_

I have a service-connected disability rated at \_\_\_\_\_% (0% - 100%)

Did you receive a Purple Heart? \_\_\_\_ Yes \_\_\_\_ No

Are you an Ex-P.O.W.? \_\_\_\_ Yes \_\_\_\_ No

Disability Discharge? \_\_\_\_ Yes \_\_\_\_ No

Military Retired? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_ Check here if you live in a community with a VA Hospital, and wish to be a liason/representative for us at a local chapter of VUFVI in the near future.

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Date of Application \_\_\_\_\_ Chapter number and location requested (if known) \_\_\_\_\_

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Sponsor's Name and Code Number if Applicable \_\_\_\_\_

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E-mail Address of Applicant \_\_\_\_\_

\_\_\_\_\_ My check is enclosed for: \_\_\_\_\_

\_\_\_\_\_ Charge my credit card in the amount of: \_\_\_\_\_

\_\_\_\_\_ Master Card \_\_\_\_\_ Visa \_\_\_\_\_ American Express \_\_\_\_\_ Discover Card

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Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

3 Digit Security Code \_\_\_\_\_

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Signature \_\_\_\_\_

Telephone Number \_\_\_\_\_

*Your applications affirms your honorably discharged from the U.S. Armed Forces Army, Navy, Marines, Air Force, or Coast Guard service and entitles you to the membership, benefits.*

*Return your completed application, and for those without computer access, payment, and a copy of your DD-214 to:*

**VETERANS UNITED FOR VETERANS, INC.**  
**PO Box 571133 · MIAMI · FL · 33257**