

Juniata County Veterans Council

Membership Application – Data Sheet

Date of Application: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

_____ Email: _____

Do You Text message? (Check one) Yes No

In case of emergency please contact: _____ Phone Number: _____

Military Service

Branch: _____ Dates of Service: _____ Type of Discharge: _____

Verification of Service

Active Membership In one of the Veteran Service Organizations:

Veterans of Foreign Wars

Post: _____ Membership Number: _____

American Legion

Post: _____ Membership Number: _____

Amvets

Post: _____ Membership Number: _____

DD 214 Verification

Verified by the Director of Juniata County of Veterans Affairs

Signature: _____ Date: _____