

VETERANS PARK

HOUMA, LOUISIANA

MEMBERSHIP APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

DUES PAID: _____ FROM: _____ TO: _____

DUES ARE \$12.00 PER YEAR - MAKE CHECKS PAYABLE TO: *VETERANS PARK*

RECRUITED BY: _____

CARD ISSUED: _____
(DATE ISSUED)

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR OUR FILES.

ARE YOU A VETERAN: _____

BRANCH OF SERVICE: _____ DATES: _____

ARE YOU A RELATIVE OF A VETERAN: _____

WOULD YOU LIKE TO HOLD AN OFFICE IN *VETERANS PARK*: _____

PLEASE RETURN THIS APPLICATION TO:

**VETERANS PARK
P. O. BOX 20271
HOUMA, LOUISIANA 70360**

“THANK YOU FOR YOUR SUPPORT”