Veterans' Refuge Membership Application

501c(19) Non-Profit (pending)

❑ Yes! I would like to join the Veterans' Refuge and support this organization.

Please enter your personal information: (PLEASE NOTE): This information is required.

First Name: _____ Last Name: _____

Street Address: _____ City: _____ State, Zip: _____

Phone: _____ Email: _____

Service # / Last 4: _____ DOB: _____

Overseas From: _____ to _____ (MM/DD/YYYY): _____

Service Location: _____

Name of Campaign Medal: _____

If you are active duty, please fill in your permanent hometown address:

❑ Same as above **OR**

Street Address: _____ City: _____ State, Zip: _____

Service Information: ___ Active ___ Retired ___ Reserve ___ Nat. Guard ___ Veteran ___ Spouse

Branch of Service: (choose one)

_____ Air Force
_____ Army
_____ Coast Guard
_____ Marine Corps
_____ Navy

Eligibility: (Choose one)

_____ WW2
_____ Korea
_____ Vietnam
_____ Desert Storm
_____ OEF/OIF/OIR

_____ Campaign Medal
_____ CIB/CMB
_____ Combat Action Ribbon
_____ Imminent Danger Pay
_____ Other

❑ I Choose a Lifetime Membership ($1000.00)

❑ I Choose a Yearly Membership ($250.00)

_____ _____

Signature of Applicant Date Signed

Veterans' Refuge
veteransrefugealaska
Deposit to Checking ...9758

Zelle

Please provide email proof of eligibility (DD-214, Copy of orders, Letter from Commander) showing service to:

Veteransrefugealaska@gmail.com