

CDIB Card# _____

Date: _____



MEMBERSHIP APPLICATION FORM

Name: _____ Spouse:* _____

Address: _____

City, State & Zip Code: _____

Phone No: _____ Cell No: _____

E-mail Address: _____

Branch of Service: _____ Rank: _____ Years of Service: _____

Birthdate:* _____ Discharge: (circle one) General; Medical; Honorable; Retired

* = Optional

MAY THIS INFO BE RELEASED TO THE MEMBERSHIP ? YES or NO