



VETERANS *of* LBS

Membership Application / Renewal

Annual Fee: \$ 25.00 paid (✓) ____

Name: _____

Address: _____

Phone Number: _____

Email _____

Name on badge: _____

Branch of Service: _____

Date of Service (Active Duty) _____

Renewal Begins: _____

Renewal Expires: _____

Medical alert: Clip is magnetic. Advise if wearing this is a health issue.