

# THE VETERANS NETWORK

## Membership Application

Start Date of Membership: \_\_\_\_\_

Name / Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

Website: \_\_\_\_\_

Type of Membership:    Corp.                      Business                      Non-Profit                      Individual                      Student

Type of Business: \_\_\_\_\_

Year Established: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

Are you a veteran: Yes or No                      If so what branch: \_\_\_\_\_

Product or services offered: \_\_\_\_\_

What services do you need

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Membership Dues

#### Business / Corporation:

1-25 Employees - \$200

51-500 Employees- \$500

26-50 Employees- \$300

501+ Employees- \$700

Student - \$25

Civic Minded Individuals- \$100

Non-Profit Agencies - \$150

Federal Tin 83-3579578

**Make Checks Payable to: THE VETERANS NETWORK**

**5599 W. PINEDALE AVE. FRESNO CA 93722 - 559-293-9755 john@vetnetusa.org**