

APPLICATION
FOR MEMBERSHIP OF THE
UNITED VETERANS ASSOCIATION
1809 Union Avenue, Altoona PA. 16601 814-943-9659

DUES \$20.00

INITIATION FEE \$5.00

Application Date _____

I, _____ wish to become a SOCIAL Member Of the United Veterans Association (UVA), a corporation under the laws of the commonwealth of Pennsylvania.

FILL OUT COMPLETELY (Please Print)

Name _____ Drivers License # _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Phone _____ Occupation _____

Date of Birth _____ Marital Status _____

CLUBS I CURRENTLY BELONG TO: (If none, please check here)

- | | |
|----------|--------------------|
| 1. _____ | No. of Years _____ |
| 2. _____ | No. of Years _____ |

Have you ever been expelled from any Club? Yes No
If yes, what Club and explain why _____

Please give two character references (must be current members of the UVA)

- | | |
|---------------|------------------------|
| 1. Name _____ | Phone _____ |
| Address _____ | City _____ State _____ |
| 2. Name _____ | Phone _____ |
| Address _____ | City _____ State _____ |

Applicant's Signature _____

Reference #1's Signature _____

Reference #2's Signature _____

We the undersigned Committee, do hereby certify that we have made diligent and careful inquiry as to the character and fitness of above applicant for membership in the UVA as we
DO _____ DO NOT _____ recommend him for membership.

Date accepted at _____ Committee Member _____
Regular Meeting _____

Committee Member _____

Any falsification of this application will be reason for rejection and future expulsion

Application Receipt
(Board approval needed)

Received from _____ on this date _____

For application to the UVA Club \$ _____ for Social Membership.

Bartender's Signature _____

(Admittance Requires a Membership Card)