

Office Use Mbr# _____



VETERANS OF UNDERAGE MILITARY SERVICE MEMBERSHIP APPLICATION

This form is to be used for both Regular and Auxiliary membership. All veterans who enlisted under the legal age at time of enlistment are eligible for regular membership, including National Guard and Reserve forces. Merchant Marines must have enlisted under the age of 16. See bottom of page for fee information.

THIS SECTION IS FOR REGULAR MEMBERSHIP APPLICANTS ONLY

Name _____ Address _____

City _____ ST _____ ZIP _____ Phone No. _____

Cell Ph _____ e-mail _____ Date of Birth _____

Age at Enlistment ____ Dates Served _____ Reason for enlisting: Bad Home Life ____,

Adventure ____, Patriotism ____, Other _____ Branch Of service _____

Were you caught? ____ Punished? ____ How? _____

Type of Discharge? ____ Did you retire from the Military? ____ At what rank? _____

If selected, would you allow your story to be published? Yes ____, No _____

Signature _____ Date _____

THIS SECTION IS FOR AUXILIARY MEMBERSHIP APPLICANTS ONLY

Name _____ Address _____ Ph No. _____

City _____ ST _____ ZIP _____ e-mail _____

I am the (circle one) spouse widow/widower son daughter grandson granddaughter of

whose membership number is _____. I understand that this membership is auxiliary and as such, entitles me to all privileges of VUMS membership except those of voting and holding office. I understand however, that I am encouraged to solicit others to become members of VUMS. With this application I agree to abide by the by-laws of VUMS. Questions may be directed to 1-888-653-8867.

Signature _____ Date _____

A check or money order in the amount of **\$25.00** PER APPLICANT made payable to VUMS must accompany this application. Mail to:

Ralph Kleyla, National Commander
P. O. Box 338 Loreauville, La. 70552
Phone: 1-888-653-8867

If additional notes or comments are necessary, the reverse of this form may be used.