

DISABLED AND LIMBLESS VETERANS, INC.

35 Center Street
Burlington, MA 01803
www.dlvets.org
nic1539@comcast.net
617-538-3632



<input type="checkbox"/> Annual: \$30			Membership Fee			<input type="checkbox"/> Lifetime: \$250		
APPLICANT INFORMATION PLEASE PRINT CLEARLY								
Name: _____								
Address: _____								
City: _____					State: _____		Zip Code _____	
Email: _____								
Home phone: _____					Cell phone: _____			
Are you a veteran? Yes _____ No _____								
Veteran Status: Army _____ Navy _____ Marine Corps _____ Air Force _____ Coast Guard _____								
DISCHARGED: _____ RETIRED: _____ DISABLED : _____ RANK: _____								
DO YOU HAVE ANY SPECIAL SKILLS YOU CAN OFFER TO HELP OUR VETERANS AND OUR ORGANIZATION?								
Signature of Applicant: _____ Date: _____								
PLEASE MAKE CHECKS PAYABLE TO DISABLED AND LIMBLESS VETERANS, INC. WE ARE A REGISTERED 501(C)(3) NON-PROFIT ORGANIZATION								
Amount Paid: \$ _____ Cash _____ Check # _____ PayPal Transaction ID _____								