



Veterans Network Committee
Of Northern Illinois
Membership Application

Date: _____

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Alternate Email: _____

Phone: _____ (Home or Cell) Work Phone: _____

Place of Employment: _____

Date of Birth (MM-DD-YYYY): _____ Marital Status: Married Single Divorced Widowed

Name of Spouse (if married): _____ Date of Birth (MM-DD-YYYY): _____

Are you a Veteran? Yes No Dates of Service: _____ Rank: _____

Branch of Service: _____ Veterans attach a copy of your DD-214 ro Military ID card

Is someone in your family a Veteran? Yes No If Yes, who: _____

Dates of Service: _____ Rank: _____ Branch of Service: _____

Other information you would like us to know about you: _____

Type of Membership: Yearly Lifetime

Please submit this application with:

1. Picture ID
2. Form DD-214 or Military ID (If Veteran)
3. Yearly dues of \$20.00 or Lifetime Membership \$100.00

Signature: _____ Date: _____

Questions? Call us at 224-357-0585 or Email us at veteransnetworkcommitteeofni@gmail.com

Mail this application with required documentation to:

Veterans Network Committee of NI, 309 Circle Rd #1, Fox River Grove, IL 60021

Check out our Facebook for the time and place of the next General meeting.

Meetings start at 7:15 PM