

# Veterans Affairs Department Membership May 1, 2016 - April 30, 2017

Last Name	First Name	Initial
Address	City/State	Zip
Phone #	Email	
Department Position	Lodge/Temple	City/State
Your Local VA Hospital	Position (Rep/Deputy/Volunteer)	City/State
Status (Veteran/Active duty/non- vet)	Proof	Verified(only by GR DIR)
War Era Served		

**Mail form and payment to: Veterans Affairs Department\*PO Box 3325\* Bethlehem, PA 18017**

**Dues: Vets \$15.00**

**Non-Vets \$18.00**

