



# Desert Veterans of Wisconsin

## Membership Application

Membership is limited to those individuals currently serving in the U.S. Armed Forces or who have served, to include the Reserves and National Guard, and received an "Honorable" discharge as recorded on their DD214 or NGB22. A copy of your Military ID, DD214 or NGB22 (blackout SSN) must be provided when submitting an application.

### Select Chapter

- Green Bay
- Fox Valley

### PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Branch of Service

- Army
- Marine Corps
- Navy
- Coast Guard
- Air Force

### Period of Service (MO/YR)

Start: \_\_\_\_\_

End: \_\_\_\_\_

- Currently Serving

Identify any Campaign/Expeditionary/Service medals earned and Bronze Star or higher decorations awarded

Current Military: I affirm that my Military ID is valid and current and I continue to serve honorably in U.S. Armed Forces. I understand it is my duty and honor to represent my military service only as authorized by my current rank and approved awards and decorations. Any misrepresentation by me of myself or the Desert Veterans of Wisconsin is cause for my dismissal from the organization at the sole discretion of the Desert Veterans of Wisconsin.

Veterans: I affirm all information on my DD214 or NGB22 provided is true and is an official, original or unaltered copy as issued to me by my military service branch. I have made no alterations or changes without following proper guidance and procedures of my military service branch. I understand it is my duty and honor to represent my military service only as authorized by my DD214 or NGB22. Any misrepresentation by me of myself or the Desert Veterans of Wisconsin is cause for my dismissal from the organization at the sole discretion of the Desert Veterans of Wisconsin.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### TO BE COMPLETED BY DIRECTORS OF THE DESERT VETERANS OF WISCONSIN ONLY

1. The applicant produced their Military ID to verify current service in the U.S. Armed Forces or has provided their DD214 or NGB22 which appears to be official and true to the best of my ability to determine
2. I have verified the applicant's name and DOB on their DD214 or NGB22 against their government-issued ID (e.g., Driver's License, Military ID, etc.)
3. I have verified the applicant has an "Honorable" Discharge as identified on their DD214 or NGB22

Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_



# Desert Veterans of Wisconsin

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## Use of Corporate Name Agreement

I agree to act in good faith when using the corporate name "Desert Veterans of Wisconsin Inc." or any variation thereof when acting on behalf of or speaking publicly of the Desert Veterans of Wisconsin.

I will first obtain approval from the State Board of Directors if contacted by any form of media, to include television, radio, newspaper, blogs, public appearances, etc., to discuss, on behalf of the Desert Veterans of Wisconsin, any military- or veteran-related issues.

I will first obtain approval from the State Board of Directors if contacted by any governmental body to speak or testify, on behalf of the Desert Veterans of Wisconsin, in support or opposition of legislation or policy matters, at any level of government, affecting the military or veterans.

I will first obtain approval from the State Board of Directors for any written petition to a governmental body that uses the Corporate Name or implies direct support from the Desert Veterans of Wisconsin.

I will not use the Corporate Name in support or opposition of any political campaign or candidate for public office. Furthermore, I will not wear any clothing or possess other items (banners, flags, etc.) bearing the logo of the Desert Veterans of Wisconsin.

I understand that I may use the Corporate Name without permission to the local media or general public when networking or promoting events such as fundraisers, membership drives, or other community events in which the Desert Veterans of Wisconsin is a participant.

APPLICANT PRINTED NAME: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_