



Desert Veterans of Wisconsin, Inc.

Membership Form

Membership is limited to those individuals who are currently serving in the U.S. Armed Forces or those who have been discharged under **Honorable** conditions as demonstrated by their DD214.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

BRANCH OF SERVICE: _____ LAST YEAR OF SERVICE: _____

Check here if currently serving

WARS CAMPAIGNS OR OPERATIONS IN WHICH YOU PARTICIPATED AS WELL AS RIBBONS AWARDS AUTHORIZED TO WEAR/DISPLAY *continue on back if necessary:*

MEMBER SIGNATURE: _____ DATE: _____

By signing above I verify that all information provided by me is true and correct as represented on my DD214. I also verify that the DD214 I have produced is mine, and is an official, verified, and unaltered copy or original received from military or VA personnel. I have made no alterations or changes without proper procedure as outlined by my local, federal, or military veterans administration. I also understand it is my duty and honor to uphold the military only as authorized by my DD214 and properly authorized citations. Misrepresentation of myself or the Desert Veterans of Wisconsin, Inc by me is cause for my dismissal from the organization at the sole discretion of the Organization.

This area to be completed by Desert Veterans of Wisconsin, Inc only:

1. Member has produced Military ID or orders to verify current service within the US Armed Forces
2. Verified copy of DD214 is official to the best of your ability and all above information matched
3. Verified Name and DOB on DD214 with Member's Drivers license or other official state ID
4. Verified Honorable Discharge (if applicable) from branch of service listed above
5. First year prorated dues paid

1 Director Signature: _____ Date: _____

2 Director Signature: _____ Date: _____



Desert Veterans of Wisconsin, Inc.

Use of Corporate Name

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, Inc.

If I am contacted by any form of media to include television, radio, public appearances, or Internet postings, or if I am asked to testify or give sworn statement before any governmental body as to its legislation on both State and Federal levels that may affect Veterans, I will first obtain consent from the Desert Veterans of Wisconsin, Inc. Board of Directors before using the name Desert Veterans of Wisconsin, Inc. or any variation thereof.

Any written petition to a governmental body that uses the Corporate Name or implies direct support from the Desert Veterans of Wisconsin, Inc. must first be given prior approval from both the Membership and Board of Directors.

No Member, to include Directors or Officers of the Organization, may use the Corporate Name in support or opposition of any political campaign or candidate for public office unless given prior approval from both the Membership and Board of Directors.

Members 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, Inc. is a participant.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____