



is a 501 (c) (3) non-profit organization gay, lesbian, bisexual and transgendered active duty, reserve and veteran service members, challenging the DOD's policy of discrimination with regard to sexual orientation, whether actual or perceived. Membership in AVER is open to all who support the goals of the organization and does not suggest or imply sexual orientation of any of its members. All membership information is strictly confidential, as directed by the National Constitution, within the limits of applicable laws.

**Please Print Legibly. All information submitted will be maintained confidentially.**

Initial Application      Renewal      Membership Update

Date of Application: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Personal Information**

Name (circle one): Mr. Ms. Rev. Dr. \_\_\_\_\_

Street Address or PO Box: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

How did you learn about AVER? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Occupation: \_\_\_\_\_

**Service Background** Proof of service (DD214, or copy of ID Card) is Required. Branch of Service and Dates are mandatory.

Branch of Service: \_\_\_\_\_ Active or Reserve Now? Yes \_\_\_\_\_ No \_\_\_\_\_

Dates of Service: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Highest Rank Held (circle one): **E** 1 2 3 4 5 6 7 8 9      **W** 1 2 3 4 5      **O** 1 2 3 4 5 6 7 8 9

Please list additional service information including honors, medals, citations, letters of commendation and appreciation from your service career. If you need more space, please continue on the back of this form.

**Areas Of Interest**

Please indicate where you are able to help:

- |                  |                            |                           |
|------------------|----------------------------|---------------------------|
| Legal Assistance | Veterans Issues (HIV, etc) | Press Contact / Releases  |
| Legal Observer   | ROTC Issues                | Local Area Contact Person |
| Fund Raising     | Public Speaking            | Education & Awareness     |
| Newsletter       | Counseling                 | Other:                    |

Please indicate where you might need assistance:

**AVER Membership Type**

|   |          |  |
|---|----------|--|
| Membership (Includes National and Chapter if avali.)  | \$25.00  | <b>Please Make Payable to: AVER</b><br><b>Send to: AVER Membership, POB 97, Plainville, IL 62365-0097</b><br><br><i>Or to your local chapter</i> |
| Corporate / Organizational Sponsor  | \$50.00  |  |
| Life Member (One time payment)  | \$500.00 |  |
| Amount Enclosed:  | \$ _____ |  |
| All Memberships expire on 30 September. <b>NEW</b> Memberships effective after 1 March will expire on 30 September of the following year. |          |  |
| Chapter Use Only: Rec'd: _____ / _____ / _____ National Use Only: Rec'd: _____ / _____ / _____  |          |  |