



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. Membership in AVER is open to all veterans 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 Only

Date of Application: ____ / ____ / ____

Personal Information

Name (circle one): **Mr. Ms. Rev. Dr. Other** _____

Street Address or PO Box: _____ Apt.: _____

City: _____ State: _____ Zip: _____ + _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____ E-mail: _____

Cell: (____) _____ - _____ Date of Birth: ____ / ____ / ____

Occupation: _____

Nickname? _____ How did you learn about AVER? _____

Service Background *PROOF OF SERVICE (DD214, or copy of ID Card) is REQUIRED. Branch of Service and Dates are mandatory. (Complete this section only once. Not necessary for renewals or updates.)*

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 on the reverse of this form, including second service, honors, medals, citations, letters of commendation and appreciation from your service career that you would like noted.

Areas Of Interest

Please indicate where you are able to help:

<input type="checkbox"/> Legal Assistance	<input type="checkbox"/> Veterans Issues (HIV, etc)	<input type="checkbox"/> Press Contact / Releases
<input type="checkbox"/> Legal Observer	<input type="checkbox"/> ROTC Issues	<input type="checkbox"/> Local Area Contact Person
<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Education & Awareness
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Counseling	<input type="checkbox"/> Other: (Specify)

Please indicate where you might need assistance:

AVER Membership Type	Make out Checks to AVER	Send to:
Regular Membership Dues (Includes National and Chapter dues)	\$35.00	AVER-FGC P.O. Box 11247 Fort Lauderdale FL 33339-1245
Life Member (Can be made in 3 payments within 1 year)	\$500.00	
Amount Enclosed:	\$ _____	

All Memberships expire on 30 September. **NEW** Memberships effective after 1 March will expire on 30 September of the following year.

Chapter Use Only: Rec'd: ____ / ____ / ____ National Use Only: Rec'd: ____ / ____ / ____