



is a 501 (c) (3) non-profit, non-partisan, chapter based organization of gay, lesbian, bisexual and transgender active duty, reserve, veteran service members and supporters, dedicated to full and equal rights, benefits and equitable treatment of LGBT service members, veterans and their families. Membership in AVER is open to all who support the goals of the organization. All membership information is strictly confidential.

<http://www.averchicago.org>

Facebook <https://www.facebook.com/AVERChicagoChapter/>

All - complete the Personal Information. Information submitted will be maintained confidentially. **Please Print Legibly.**

Initial Application
Complete all sections

Renewal/Update
Complete Personal Info

Date of Application: ____/____/____

Personal Information

Name: _____ Preferred name? _____

Street Address or PO Box: _____

City: _____ State: _____ Zip: _____ + _____

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

Email: *Print Legibly*: _____

Occupation: _____

How did you learn about AVER? _____

New Applications only - complete the Service Background Section.

Service Background *Proof of Service (DDFM-214, DDFM-2 or VA ID Card) is verified (only app is kept). Branch of Service and Dates are mandatory for new applications. Verified on ____/____/____ by: _____*

Branch of Service: _____ Active or Reserve Now? Yes ___ No ___

Dates of Service: ____/____/____ 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

Check and please list additional service information on the reverse of this form, including second service, honors, medals, citations, letters of commendation and appreciation from you 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

- Veteran Non Veteran \$ 35.00
 - Life Member (Can be made in 3 payments within 1 year) \$500.00
 - Active Duty/Reserve Components (except IRR) \$ 0.00
 - 80 or over (free Life Membership) \$ 0.00
- Amount Enclosed: \$ _____

Send to: *AVER Chicago*
P.O.Box 29317
Chicago, IL 60629

OR email:
president@averchicago.org

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: ____/____/____

AVER Membership Form 2019 All previous versions are obsolete.

