

Become a Member

Coalition of Veterans Organizations

Yes, I want to join! Sign me up for an:

Individual Membership (\$10)

Organizational Membership (\$50)

Name

Organization.....

.....

Address

.....

City.....St

Zip code

Phone.....(.....).....

Phone.....(.....).....

Email

*I submit the above-named organization/
individual for membership in CVO. The mem-
ber individual/organization will regularly
attend CVO meetings and help carry out the
program of CVO.*

*Organizational Membership: I certify that I
am authorized to commit my organization to
membership and participation in CVO.*

Authorized Signature:

.....

Date:

Scholarship Requested.

Please make checks payable to "CVO" and mail to
our Chicago address.

