



**Coalition of Veterans Organizations**  
**Leave No Veteran Behind**  
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Chicago, IL 60647  
773.243.2335  
info@CoalitionofVets.org  
[www.CoalitionofVets.org](http://www.CoalitionofVets.org)

**Coalition Members:**

24th Infantry Regiment  
*Buffalo Soldiers*  
*Chicago Chapter*

555th Parachute Infantry  
Association  
*"Triple Nickle"*  
*Chicago Chapter*

American Legion  
*Dorie Miller Post 915*

Blind Veterans Association  
*Chicago Chapter*

Disabled American Veterans  
*Chicago Chapter 6*

Montford Point Marine  
Association  
*Chicago Chapter*

Muslim American Veterans  
Association  
*Chicago Chapter*

National Women Veterans  
United

United Relief Foundation

Veterans of Foreign Wars  
*Major Harris Post 2024*

Veterans for Peace  
*Chicago Chapter*

Veterans for Unification

Veterans Strike Force

Vietnam Veterans  
of America  
*Chapter 311*

VetNet

# Membership Registration Form

The CVO Bylaws state that, "Individual members are those who shall have, (a) attended at least two membership meetings, (b) who shall have registered as a member including paying annual dues as set by the Board of Directors, and (c) who shall not have absented themselves from more than four (4) successive membership meetings." Membership dues are paid annually and apply from January 1<sup>st</sup> to December 31<sup>st</sup>.

I hereby register to be an individual member of the Coalition of Veterans Organizations:

Name \_\_\_\_\_

Organizations\* \_\_\_\_\_  
(\* For identification purposes only)

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip code \_\_\_\_\_

Phone \_(\_\_\_\_\_) \_\_\_\_\_  
(type: home, cell, work, etc.)

Phone \_(\_\_\_\_\_) \_\_\_\_\_  
(type: home, cell, work, etc.)

Email \_\_\_\_\_

I have attended at least two membership meetings and agree to support the mission and actions of CVO and to abide by the CVO corporate bylaws, the rules of membership and the procedures of the organization.

Member Signature \_\_\_\_\_

Date \_\_\_\_\_

\$10 Annual dues received.       Individual requests a scholarship.  
 Veteran                                       Non-Veteran

Corporate Director Signature \_\_\_\_\_

Date \_\_\_\_\_