



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.aver.us>

Facebook <https://www.facebook.com/AVER.HQ>

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

| | |
|---|---|
| <input type="checkbox"/> Initial Application Complete all sections | <input type="checkbox"/> 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 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"

| | | |
|--|--------------------------------------|----------|
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Non Veteran | \$ 35.00 |
| <input type="checkbox"/> Life Member (Can be made in 3 payments within 1 year) | | \$500.00 |
| <input type="checkbox"/> Veteran & Full Time Student (requires documentation) | | \$ 10.00 |
| <input type="checkbox"/> Active Duty/Reserve Components (except IRR) | | \$ 0.00 |
| <input type="checkbox"/> 80 or over (free Life Membership) | | \$ 0.00 |

Amount Enclosed: \$ _____

Send to: *Your local chapter*
OR AVER Membership
PMB 416, 15127 Main St. E, Ste 104
Sumner, WA 98390-2635
OR Submit Online

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:** ____ / ____ / ____

