



Military Services Club Duley & Home of FRA Branch 172

Membership Application

This application is for membership in the Military Services Club Duley, a 501(c)(19) veterans' organization and the home of Fleet Reserve Association (FRA) Branch 172. Please complete this form in its entirety. Membership is subject to review and approval by the Board of Directors.

Section 1: Applicant Information

Full Name: _____

Date of Birth: _____

Home Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Section 2: Membership Eligibility

Please check the box that best describes your eligibility for membership. In accordance with IRS regulations for 501(c)(19) organizations, you must fall into one of the categories below.

☐ I am a past or present member of the U.S. Armed Forces.

* Branch of Service: _____

* Rank/Rate: _____

* Dates of Service: From: _____ To: _____

* Type of Discharge (if applicable): _____

(You may be asked to provide a copy of your DD Form 214 or other proof of service.)

☐ I am the spouse of a past or present member of the U.S. Armed Forces.

☐ I am the widow/widower of a past member of the U.S. Armed Forces.

☐ I am a lineal descendant (e.g., son, daughter, grandson, granddaughter) of a past or present member of the U.S. Armed Forces.

☐ I am an ancestor (e.g., parent, grandparent) of a past or present member of the U.S. Armed Forces.

* Veteran's Full Name: _____

* Veteran's Branch of Service: _____

* Veteran's Dates of Service: From: _____ To: _____

* Your Relationship to Veteran: _____



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Section 3: Membership Acknowledgement

I, the undersigned, hereby apply for membership in the Military Services Club Duley. I certify that all information provided in this application is true and accurate to the best of my knowledge. I understand and agree to abide by the bylaws, rules, and mission of Military Services Club Duley and the Fleet Reserve Association. I also understand that membership is contingent upon verification of my eligibility as a veteran, an active-duty service member, or a qualified family member as defined by IRS regulations for 501(c)(19) organizations. **I acknowledge that this application serves as a temporary membership until it is formally approved by the Board of Directors.**

Signature: _____

Date: _____

Section 4: For Official Use Only

Date Received: _____

Eligibility Verified By: _____

Date of Verification: _____

Membership Approved: ☐ Yes ☐ No

Date of Approval: _____

Notes: _____