



African American PTSD Online Membership Application

Name (First, MI, Last)	
Street Address 1	
Street Address 2	
City	
State	
Zip Code	
Phone Number 1	
Phone Number 2	
Email Address	
Date of Birth	
Gender	
Marital Status	
Name of Spouse	

You are a:	
<input type="checkbox"/>	Veteran (Please mark which Era)
<input type="checkbox"/>	1941-1946 WWII
<input type="checkbox"/>	1950-1955 Korean War
<input type="checkbox"/>	1961-1975 Vietnam War
<input type="checkbox"/>	1989-1990 Panama
<input type="checkbox"/>	1990- Open Gulf War
<input type="checkbox"/>	Family member of a Veteran
<input type="checkbox"/>	Active Duty
<input type="checkbox"/>	Other
Branch of Service	
Pay Grade	
Dates of Service	

Type of Membership Requested		
<input type="checkbox"/>	Annual	\$ 60.00
<input type="checkbox"/>	Annual Renewal	\$ 60.00
<input type="checkbox"/>	Two Year	\$ 105.00
<input type="checkbox"/>	Lifetime	
<input type="checkbox"/>	Age 40 and Younger	\$255.00
<input type="checkbox"/>	Age 41 - 60	\$195.00
<input type="checkbox"/>	Age 61 - 70	\$160.00
<input type="checkbox"/>	Age 71+	\$125.00

Donations

Contributions and gifts to the African American PTSD Association are deductible as charitable contributions for federal tax income purposes. For receipts of donations and/or documentation of our tax-exempt status, please contact our office.

I would like to give a donation in the amount of \$_____

You can turn your application in to any of our offices, or mail it (along with payment) to:

African American PTSD Assn.
9129 Veterans DR SW
Lakewood, WA 98498

Email: tacomptsd@earthlink.net

Please pay for my membership and/or donation using a credit card:

Credit Card Account Number	
Expiration Date & Security #	
Signature	

To be Filled in by AA PTSD Staff

Membership Fee Received: \$_____

Date Received: ____/____/____

Membership No: _____

Added to Database: _____

Member Packet Mailed: ____/____/____