



# METROPOLITAN DETROIT VETERANS COALITION MEMBERSHIP APPLICATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Gender: \_\_\_\_\_

Payment Method: ☐ Check ☐ Money Order ☐ Credit Card (Visa, MasterCard, American Express, Discover)

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Return the required documents and payment to: **500 TEMPLE ST.SUITE 4M DETROIT, MI 48201**