



Transgender American Veterans Association

Join The Texas TAVA State Chapter Membership Application

New Members, fill out the entire form then submit. (* Required entry)

* Membership Type (Check One): Veteran _____ Associate _____

* Today's Date (mm-dd-yyyy): _____

* Legal Name: _____

* Preferred Name: _____

* To ensure the out most respect and privacy to our members, if we should need to call or drop you a line via regular mail, How should we address you? _____

* Address Line 1: _____

Address Line 2: _____

* City: _____

* State: _____ * ZIP Code: _____

(If you reside Overseas): Country: _____ Postal Code: _____

* Phone (Home): _____ Phone (Cell): _____

* Email: _____

Branch Of Service (Check One, if Applicable): Army ____ Air Force ____ Marines ____ Navy ____
Coast Guard ____ National Guard ____

Military Status (Check One, if Applicable): Active Duty ____ Reserves ____ Retired ____
Discharged ____ Other ____ Never Served ____

Date of Birth (mm-dd-yyyy): _____ Date of Discharge (mm-dd-yyyy): _____

*Membership Levels (Check One): Basic Membership \$35.00 ____
Advanced Membership \$50.00 ____ Gold Membership \$100.00 ____ Diamond Membership \$250.00
____ Life Membership \$500.00 ____ *Special Lower Rate Membership \$ ____

* Special Lower Rate is for those people who cannot afford the Basic Membership Level, TAVA offers a sliding scale from \$1 to \$25. The Membership Chair will contact you and discuss this further.

Your Website Name & URL(if Applicable) : _____

If you are joining TAVA National through a State Chapter, which State Chapter are you joining? ____ **If you are submitting this form you are joining via The Texas TAVA State Chapter.**

Do you have any special skills or talents that would be of use to TAVA in helping Veterans?

List training received in the military or schools:

List special skills and experiences that you have that could help TAVA:

Do you have any special needs that TAVA should know about?

Special Feedback, Comments or Requests:

Please send your information to membership@tavausa.org via email, or mail to TAVA c/o Paula D. Wright, 3102 Cove View Blvd. Apt. E-102. Galveston, TX. 77554

Please send a check or money order for the Membership Level you elected made out to **"TAVA"**, then mail it to: **TAVA PO Box 4513 Akron, Oh 44310**