



Transgender American Veterans Association

Join TAVA

Your 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 utmost 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): 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) : _____

Would you be interesting in joining a TAVA State Chapter, if one was available? _____

If you are joining TAVA National through a State Chapter, which State Chapter are you joining?

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:
Christina Taylor, PO Box 1132, Melville, NY. 11747

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

OR

You may use your credit/debit card to make your membership or renewal payment. Please go to www.tavausa.org/join.html for this feature.



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www.tavausa.org