



MEMBERSHIP APPLICATION

Mail check or Money order to:
Women Warrior Veterans of Wilson County
P.O. Box 453 La Vernia, TX 78121
(Zelle – 210-620-7675
Women Warrior Vet)

NAME: _____

ADDRESS: _____ CITY: _____ , TX ZIP: _____

PHONE: _____ CELL: _____

EMAIL: _____

DOB: _____ BRANCH: _____

(* denotes optional information) *Service Years- _____ to _____

*Wars _____

*JOB/CERTIFICATIONS: _____

RELEASE FROM LIABILITY & INDEMNITY AND DEFENSE CLAUSES I do hereby release and discharge Women Warrior Veterans of Wilson County (WWV) and its officers, agents, servants, employees, members, volunteers and affiliates from any and all claims for injuries, including death, damages, property damage, or loss which may have or may in future accrue to me in account of participating in or volunteering for the nonprofit organization. Furthermore, I agree to indemnify and hold harmless and pay defense costs and defend the nonprofit organization and its agents, servants, employees, members, other volunteers, and affiliates, from any and all claims resulting from injuries – including death, damages, property damage, or loss – sustained by me and arising out of, connected with, or in any way associated with the activities of WWV or the use of facilities or equipment.

Attestation Statement

Certification: I certify that I have read and reviewed the Veteran's information (e.g. DD214 or separation documents for ANG and Reserve personnel) for military status.

Veteran's Signature _____ **Date** _____

WWV Board Member must see proof of service, then sign below:

Witness Name _____ Title _____

Witness Signature _____ Date _____

AMOUNT: _____