

## Raising American Heroes Organization Incorporated November 4, 2020 2024 Membership Application

Membership Application \$	30 Annual Dues		
☐ Associate Member Application (Do <b>NOT</b> pay dues, have voting rights, or hold office)			
Membership applications and due	s can be submitted to:		
Raising A	American Heroes Organization		
% Cynth	nia Powell, Financial Secretary		
PO Box			
Peck MI	48466		
Please check one of the following:			
☐ New Member	☐ Renewing Member		
Relationship to hero, choose one:			
Mother	☐ Brother	☐ Spouse	
☐ Father	☐ Grandparent	☐ Son	
☐ Sister	☐ Grandchild	☐ Daughter	
Hero information: Name			
Branch of Servic	e		
Dates of Service		(if known)	
☐ Active Duty (	includes Reserves and Guard)	I Veteran □ Fallen Hero	
Applicant Full Name: (Please print	legibly)		
Mailing Address: (ALL REQUIRED)			
City:	State:	Zip:	
Email:			
Phone:			🖵 Cell
Signature:		Date:	
For Administration Only:			
Received by:	Date:		
Payment:   Check #   Ca		Amount	