



Raising American Heroes Organization
Incorporated November 4, 2020
2025 Membership Application

- Membership Application \$30 Annual Dues
 Associate Member Application (Do **NOT** pay dues, have voting rights, or hold office)

Membership applications and dues can be submitted to:

Raising American Heroes Organization
% Financial Secretary
PO Box 42
Yale 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 Service _____

Dates of Service _____ (if known)

- Active Duty (includes Reserves and Guard) Veteran Fallen Hero

Applicant Full Name: (Please print legibly) _____

Mailing Address: (ALL REQUIRED) _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Home _____ Cell _____

Signature: _____ Date: _____

For Administration Only:

Received by: _____ Date: _____

Payment: Check # _____ Cash Money Order # _____ Amount _____