

SAVE THE MONTAGNARD PEOPLE, Inc. (STMP)
Membership Application

Complete and mail to: STMP, c/o George Hadel, Secretary
481 Almond Drive, Luray, VA 22835-3521
Telephone: 540 743-2943

Date: _____

Full Name _____ Significant Other _____

Street Address _____

City _____ State _____ Long Zip _____ - _____

Phone Work _____ Home _____

FAX _____ E-Mail _____

Social Security # _____ or Date and Place of Birth _____

If Vietnam Vet, units/years _____

Other Vet _____ Non-Vet _____ Military Retiree ___ Year ___ Service _____

Organizational Affiliations _____

STMP Member(s) sponsoring your application _____

Briefly explain why you are willing to help the Montagnards

How are you willing to contribute _____

Membership desired: Life (\$200) _____; Annual (\$25) _____. Annual membership is valid from annual meeting to annual meeting. Any member whose dues are paid prior to the current annual meeting may vote at that meeting, as well as any other voting which may be required before the next annual meeting. Life Members voting privileges begin as soon as dues are received. Annual business meetings occur on the weekend of our Annual Montagnard Picnic. Make check payable to STMP.

I certify that I am not, and never have been a member, contributor, agent, lobbyist, or advocate of any communist organizations or party. Such activities and those inimical to the Purposes and Activities of the Corporation, Article VIII of our Bylaws, shall preclude membership. Also, those who elect not to provide a correct Social Security Number OR Date and Place of Birth shall not be considered for membership.

Your signature _____ STMP Member/Sponsor _____

Continuations/comments _____