|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_Renewal Application** | **Old #\_\_\_\_\_\_\_\_\_** |
| **\_\_\_\_\_\_\_\_New Member** | **Sponsor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Warwood Veterans Associations**

**Sixth and Hazlett Avenue, Wheeling, W.Va. 26003**

Date \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

**FOR OUT OF TOWN MEMBERS ONLY**

1. The bartender has the right to refuse service to any person.
2. If anyone is incapacitated and needs a ride, it will be provided.
3. The club is not responsible for any mishap that occurs to any person after he/she leaves the club.

**ALL BLANKS MUST BE COMPLETED**

Name (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_(Init.) \_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_\_\_\_\_\_Zip \_\_\_\_\_\_\_\_\_\_\_

Phone ( \_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ARE YOU RETIRED AND OVER 65** Y\_\_\_\_ N\_\_\_\_

DISABLED (100%) Y\_\_\_\_ N\_\_\_\_ PLEASE PROVIDE PROOF

ACTIVE MILITARY Y\_\_\_\_\_ N\_\_\_\_\_

If you do not meet these criteria you must pay the $25.00 renewal fee

If you require a mailed receipt please send a self addressed stamped envelope. Send all Renewals to “Att: Renewal” Warwood Veterans Association, Sixth & Hazlett Ave. Wheeling, W.Va. 26003

Fee Enclosed $\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_\_\_\_ E Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_