APPLICATION FOR MEMBERSHIP

WE'LL TAKE YOU THERE

| Today's Date | 5* <u>A*L*U*T*</u> E 5* <u>*******</u> |
|--|---|
| Name | |
| Student ID# | ACCOUNT AND |
| Address | S+L+++++++++++++++++++++++++++++++++++ |
| Email Address | |
| Phone # | |
| Military Service Information: | |
| Air Force Army Coast Guard Marines Nav | у 🗆 |
| Active Duty 🗌 National Guard 🗌 Reserve 🗌 Veteran 🗌 | |
| DD-214 (Member 4) submitted 🗌 Current orders submitted 🗌 | |
| Prior College: | |
| I have attended only Virginia Western Community College | |
| Transcript(s) from all previous colleges attached | |
| | |

Statement of Understanding:

By signing below, I am applying for membership in SALUTE. I understand that membership in this honor society is contingent upon verification of honorable military service as well as academic excellence. I certify that the information I have included is true and correct, and that any discrepancies may disqualify me for membership.

| Sign | ature | ! | | | |
|------|-------|---|--|--|--|
| | | | | | |

| Date | _ | _ | | | | _ | |
|------|---|---|--|--|--|---|--|
| | | | | | | | |

\$35 membership fee must accompany this application. Checks should be payable to Virginia Western.

| Office Use ONLY | | | | | | | | |
|-----------------|--------|-------------|-----|-----|------|--|--|--|
| DD-214 | Orders | Transcripts | Fee | GPA | Tier | | | |
| Approved | _ De | enied | | | | | | |