

**APPLICATION FOR MEMBERSHIP**

Today’s Date

Name

Student ID#

Address

Email Address

Phone #

**Military Service Information:**

Air Force  Army  Coast Guard  Marines  Navy

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.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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