

\_\_\_\_\_**Renewal Application**  
\_\_\_\_\_**New Member**

**Old #** \_\_\_\_\_  
**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 \$20.00 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** \_\_\_\_\_