



Teens for Veterans (TFV) New Chapter Application Form

Applicant's Name for Chapter Captain: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Local Veteran Post Name: _____

Local Veteran Post Address: _____

Local Veteran Post Contact (ex. Commander) : _____

Please briefly state the reason(s) why you want to join TFV and open a chapter in your hometown:

Please briefly state your plans to continue TFV's mission of advocating for and supporting our veterans in order to build a stronger community:

I, _____, understand and agree that if approved by TFV Headquarters, the Chapter Captain may appoint other interested volunteers to fill leadership roles for their chapter. This new Chapter will be authorized to use the TFV[®] logo and name for activities directed towards promoting the welfare of US veterans. Any violation of law or participation in unpatriotic activities will lead to the termination of this TFV Chapter, which includes use of the Teen for Veterans (TFV) name and logo for any future purposes.

Signature: _____ Date: _____

Witness (print name): _____

Witness signature: _____ Date: _____

You must sign the consent portion of this form. Authorized electronic signatures are acceptable.