

**DANVILLE COMMUNITY COLLEGE  
STUDENT VETERANS ORGANIZATION  
MEMBERSHIP APPLICATION/INFORMATION FORM**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone Number(s) Home \_\_\_\_\_ Cell \_\_\_\_\_

Emails \_\_\_\_\_

Service: Army  Navy  Marine Corps  Air Force  Coast Guard  Army National Guard

Active Duty  Dates of Active Duty (Month/Year) \_\_\_\_\_

Reserve  Dates of Reserve Duty (Month Year) \_\_\_\_\_

Rank/Rate/Specialty \_\_\_\_\_

Are you using your GI Bill to pay for your education? Yes  No

If Yes which GI Bill:

Chapter 30: Montgomery GI Bill  / Chapter 31 GI Bill Voc Rehab  / Chapter 32: VEAP

Chapter 33: Post 9/11 GI Bill  / Chapter 35: DEA (dependents)  / Chapter 1606 MGIB-SR  /

Chapter 1607 REAP

If you are not using your GI Bill why not? \_\_\_\_\_

\_\_\_\_\_

Do you have a rated disability? Yes  No  If Yes what percentage \_\_\_\_\_%

If no have you applied for a disability claim? Yes  No

Please list any special concerns that we may help you with:

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