

Complete the Requested Information on the Application Below



New Mexico Veterans Business Advocates
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To become a Member or Update your Membership and added to our mailing list:

Memberships are for 1 year: Jan 1st to Dec 31st. Payable in Jan of each Year.

Name: Last: _____ First: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Personal Email Address: _____

Phone- Home (____) _____ Fax-Home: (____) _____

Branch of Service: ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINES ☐ COAST GUARD ☐ RESERVE or GUARD ☐

Discharge Type _____ Date(s) of Service: _____

Are you classified "Service Disabled" by the VA? (even if "0" compensation) Yes _____ No _____

Business Information: Veteran Owned ☐ Non-Veteran Owned ☐

Do you own a business? Yes ☐ No ☐ % Ownership _____

Bus Type: Sole _____ Corp _____ LLC _____ Other _____ (_____)

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Number of Employees: () Year Established: ()

Web Address: _____

Business Email (If different from Above): _____

Phone-Bus: (____) _____ Fax-Bus: (____) _____

Dues are: \$70.00 per Year - for Veteran Owned Business.

\$150.00 per Year - for a Non-Veteran Owner Business.

I am paying by CK: ☐ Online CCard: ☐ (Use the CCard Payment Button on Web Page)

Print and Send Form to Address Above:

Enclose Your Check or use Credit Card on our Website NMVBA.org or Pay at our Monthly Meeting.

Directions: Click the "Print" button to print your Application

Print Application

For more information and/or to join us, please go to:

NMVBA.ORG