RED ROSE VETERANS HONOR GUARD

Lancaster, PA
Honos Officio Fidelis
Honor For Faithful Service

RRVHG USE ONLY
Date Joined RRVHG (Mo/Yr):
Submitted copy of DD214 or Discharge
Indicate which:

RRVHG MEMBERSHIP APPLICATION FOR VETERANS

[A] Name (Last, First): _____ Home Phone: _____

Nickname: _____ Work Phone: _____

Street: _____ Cell Phone: _____

City/State/Zip: _____ Fax: _____

Email 1: _____ Email 2: _____

Spouse's Name: _____ Nickname: _____

Retired: ☐ YES ☐ NO **Presently Active:** ☐ YES ☐ NO

[B] Service Branch: _____ Highest Rank: _____ Years Served: _____

Honors/Ribbons/Awards (List additional information on back of form):

The completion of this Membership Application form indicates that you are an adult and willing to create a military presence for the purpose of according Military Honors to deceased, active duty, retired, and honorably discharged veterans when requested and when it is suitable to your schedule of commitments. You indicate that you will actively participate in training exercises for folding and presentation of the Flag of the United States and for casket guarding during viewings and memorial services. You agree that when appearing for rendering Military Honors you will wear a regulation military uniform prescribed by the RRVHG. You agree to maintain your uniform to ensure that it appears neat and clean and your personal grooming is within current military guidelines. You understand that membership is voluntary and a privilege and is maintained by actively participating in a minimum of twelve funerals or casket guards per year, training exercises, monthly meetings, and conducting yourself in a professional military manner.

Applicant's Signature: _____ Date: _____

Mail copy of completed form to Membership Chairman, RRVHG, P.O. Box 8601, Lancaster, PA 17604-8601.

IF COMPLETED ONLINE, SAVE LOCALLY FOR FUTURE USE OR EDITING,
OR EMAIL AS AN ATTACHMENT TO rrvhgmembership@yahoo.com.