



**You continue to serve your country—
THANK YOU!**

NALC Veterans Group

**Complete this form and mail it to:
NALC Veterans Group, c/o NALC,
100 Indiana Ave., N.W., Washington, DC 20001-2144**

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

NALC BRANCH NUMBER: _____ BRANCH OF SERVICE: _____

I BELONG TO THE FOLLOWING VETERAN GROUP(S):

AMERICAN LEGION DISABLED AMERICAN VETERANS VETERANS OF FOREIGN WARS

OTHER: _____