

APPLICATION FOR MEMBERSHIP

Membership shall be composed of chartered veterans organizations, their auxiliaries, and or individuals who are veterans of the armed forces as described by the U.S. Department of Veterans Affairs, their spouses, widows, and widowers of the above, As well as individuals and organizations who are interested in promoting patriotic awareness of veterans benefits and welfare

Unit or organization Annual dues \$25.00 (to include delegate)
Individual Annual dues \$10.00 CHECK IF RENEWAL _____

Dues are prorated semiannually, membership is 1 July to 30 June

Organization's Name _____
Street _____
City _____
State _____ Zip _____
Phone (____) _____
Meeting night _____ Time _____
Delegate _____
Street _____
City _____
State _____ Zip _____
Home Phone (____) _____

Delegate: Each organization should select a responsible person (or persons) to attend the **CENTRAL FLORIDA VETERANS** meeting and return to their respective units and disseminate all information received to their units for the betterment of the veterans and that organization.

Individual Members Name _____
Street _____
City _____
State _____ Zip _____
Phone (____) _____
Military Branch (Optional) _____

NOTE: If you choose you may add something about yourself or your organization, e.g. occupation civic programs, or any activities you feel are pertinent to the organization and or veterans affairs.

THE CFVA ACTS AS AN "UMBRELLA" UNIT AND DOES NOT PROMOTE ANY ONE GROUP OR INDIVIDUAL. *IT IS NOT NECESSARY FOR YOU OR YOUR UNIT TO BE A CENTRAL FLORIDA RESIDENT TO BE A MEMBER.