



CHARLOTTE COUNTY VETERANS COUNCIL (CCVC)

MEMBERSHIP APPLICATION

Membership Fee: \$25.00 per person / per year

Payment Accepted: Check or Cash

APPLICANT INFORMATION:

Full Name: _____

Phone Number: _____

Email Address: _____

County of Residence: _____

County of Employment: _____

Preferred Method of Contact: Phone Email Text Mail

VETERAN STATUS:

Are you a Veteran? Yes No

If yes, Branch of Service:

Army Navy Air Force Marine Corps Coast Guard Space Force

National Guard Reserves

If not a Veteran:

Are you a Dependent of a Veteran? Yes No

If yes, Relationship: Spouse Child Parent Other: _____

Are you a Surviving Spouse of a Veteran? Yes No



VETERAN-OWNED BUSINESS INFORMATION:

Do you own a Veteran-Owned Business? Yes No

If yes:

Business Name: _____

Type of Business: _____

Services Provided: _____

VOLUNTEER INTEREST:

Are you interested in volunteering? Yes No

If yes, please select areas of interest:

Food Sponsorship Meetings Events Outreach Membership Recruitment

Other: _____

WEBSITE ADVERTISING OPPORTUNITY:

Are you interested in paid advertising on CCVCFL.org? Yes No

If yes, please describe the services you offer and would like to advertise:



MEMBERSHIP PAYMENT:

Membership Cost: \$25.00 per year

Payment Method: Cash Check (*Payable to Charlotte County Veterans Council*)

APPLICANT CERTIFICATION:

I certify that the information provided above is accurate to the best of my knowledge. I further agree to support the mission of the Charlotte County Veterans Council (CCVC) and to abide by the terms and conditions of membership as established by the organization.

Name: _____

Signature: _____

Date: _____