



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: _____