CHARLOTTE COUNTY VETERANS COUNCIL (CCVC) MEMBERSHIP APPLICATION

☐ *Organization* ☐ *Business* ☐ *Individual Membership*

APPLICANT INFORMATION:

Representative # 1:

Full Name: _____

Phone Number: _____

Email Address: _____

Preferred Method of Contact: ☐ Phone ☐ Email ☐ Text ☐ Mail

Representative # 2:

Full Name: _____

Phone Number: _____

Email Address: _____

Preferred Method of Contact: ☐ *Phone* ☐ *Email* ☐ *Text* ☐ *Mail*

Representative # 3:

Full Name: _____

Phone Number: _____

Email Address: _____

Preferred Method of Contact: ☐ *Phone* ☐ *Email* ☐ *Text* ☐ *Mail*

VETERAN STATUS:

Are you a Veteran? ☐ *Yes* ☐ *No*

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/RUN BUSINESS INFORMATION:

Do you own a Veteran-Owned business or are a veteran running a business? ☐ Yes ☐ No

If yes:

Please specify: ☐ Veteran-Owned ☐ Veteran Run

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 ☐ *Donation*

☐ 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

Business Networking Group Membership Cost: $100 per year

(includes CCVC membership, listing on website, mention on CCVC socials and entry in Veteran Directory).

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: _____