TOVA Membership Application

The information provided in this application will be used strictly for TOVA purposes only
and will never be made public or disclosed to other individuals or parties.

Name _____

Address _____

Veteran_____ Branch and Years of Military Service, if any: _____

Associate_____

Email Address _____ Date of Birth (Day and Month Only) _____

Home Phone Number _____ Cell Phone Number_____

For Veterans: Did you serve during the below wartime periods, whether deployed or not? Please check the boxes that apply.

_____ World War II (12/7/1941-12/31/1946)
_ _ Korea (6/27/1950-1/31/1955)
__ . Vietnam (2/10/1961-5/7/1975 if in-country)
_____ Vietnam (8/5/1964-5/7/1975 if not in country)
_ _ Gulf War (8/2/1990-TBD)
_____ GWOT (10/7/2001-TBD)

For Associate Membership: Please check the boxes that apply.

_____ Spouse of a Veteran
_____Widow/Widower of a Veteran
_ _First Responder
_ _ Immediate Family Member of a Veteran
_____Trilogy Orlando Resident or KW Staff

I will pay my dues by:

_____Cash or Check to TOVA Treasurer
_____Credit Card via the Website (PayPal)

Signature: _____ Date: _____

Date of Application:_____ Payment Rec'd on: _____ Date Joined:_____

All questions on membership should be addressed to Mike Gris at mgris1@aol.com or **you may call him at** 352-404-6265