Veterans Club of Solivita
2026

Please print all information clearly **DATE: _____**

PROOF OF SERVICE is REQUIRED for membership. Do not include any supporting documents with this application, rather, bring it to the first meeting you attend, present to the Membership Team for verification. (Driver's License, DD-214, VA Card, etc.)

1. **Veteran's Name _____Phone #_____**
2. **Address: _____Neighborhood_____**
3. **Email Address: _____**
4. **Vet DOB_____ LIFE Member: Y/ N**
5. **Service Branch: _____Dates of Service: _____**
6. **ERAs Served (circle): WW2 KOREA DOMINICAN REPUBLIC VIETNAM GRENADA PANAMA GULF WAR SOMALIA BALKANS AFGHANISTAN IRAQ OTHER_____**
7. **Briefly tell us about your Military / Civilian career: Do you have any skills that would help our club? (Continue on back if needed)**
8. **How would you like to volunteer with the club?**

Spouse / Partner Name: _____

Spouse / Partner Email: _____

Spouse / Partner Phone: _____

This information is for internal VCS use and will not be released to outside sources

Email: veteransclubofsolivita@gmail.com Website: VeteransClubofSolivita.com

For Administrative use: Verified by_____ Check#_____ DB_____ VCS Aux_____