

Veterans Club of Solivita 2027

Please print all information clearly

DATE: _____

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

BY SUBMITTING THIS APPLICATION YOU AGREE TO MEET ELIGIBILITY REQUIREMENTS AND THAT YOU WILL FOLLOW THE VETERANS CLUB'S BYLAWS, WHICH ARE POSTED ONLINE.

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): 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 _____