



Veterans Club Solivita Auxiliary

VCSA Membership Form

Membership Criteria:

Must be a Resident of Solivita and the Spouse, Widow, Widower, or Partner of a Veteran who served honorably from any branch of the United States Military or its Allied Forces and have a desire to support the Veterans Club of Solivita.

Date submitted: _____	
Name	
Address	
Email	Cell Phone
Your Month & Day of Birth	Are you a snowbird? <input type="checkbox"/> Yes <input type="checkbox"/> No
Choose how can you participate in the one or more of the teams listed below?	
<input type="checkbox"/> Membership	<input type="checkbox"/> Welcome & Hospitality
<input type="checkbox"/> Fundraising (Bake Sale / Baking)	<input type="checkbox"/> Sunshine / Outreach
<input type="checkbox"/> History (Photographer, Article writer)	<input type="checkbox"/> Meeting Note-Taker
	<input type="checkbox"/> Social – Planning activities
NEW Members will receive a COMPLIMENTARY Lavender polo shirt to be worn at meetings. <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> 2X Large <input type="checkbox"/> 3X Large <input type="checkbox"/> 4X Large VCSA complete Uniform: PURPLE cap, PURPLE Polo, Black Pants-LONG, Black Jacket, Black shoes (enclosed feet) <i>(Order form will be provided to order VCSA-Logo items)</i>	
Military Connection: circle: ARMY MARINE NAVY COAST GUARD SPACE FORCE	
Name	VCS Club Member <input type="checkbox"/> Yes <input type="checkbox"/> No
If needed (sickness, other VCSA related correspondence only), Can your information be shared with the membership? YES NO	

For more information email vcsauxiliary@gmail.com