

**Charlotte County Veterans Council**  
**MEMBERSHIP APPLICATION/RENEWAL/UPDATE**  
**FOR YEAR \_\_\_\_\_**

Date \_\_\_\_\_

Organization Name: \_\_\_\_\_

**Number of Members:** \_\_\_\_\_ (Please provide.)

Presiding Officer: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_

Delegate: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_

1<sup>st</sup> Alternate: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_

2d Alternate: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Title \_\_\_\_\_

**Remarks:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Annual dues are \$25.00, payable by January each year.**

**Please submit a new form for changes in the above information.** Copies of this form are available from the CCVC Secretary at any meeting or via email.

This form may be returned at a future meeting or by email:  
charlottecountyveteranscouncil@gmail.com