



## MEMBERSHIP APPLICATION

**"A VOICE FOR VETERANS"**

Serving Florida, Alabama, and Mississippi

Website: [www.gcvacflalms.org](http://www.gcvacflalms.org)

email: [gcvacflalms@gmail.com](mailto:gcvacflalms@gmail.com)

Contact the Council: 1-888-838-6694

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Please fill out the following Information as completely as possible.

**PLEASE PRINT CLEARLY**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Present Status:  Active Duty  Reservist  National Guard  Retired  Non Veteran (family member etc.)  
 Veteran  Veteran-served 180 days without Honorable Discharge.

Branch of Service: \_\_\_\_\_ Service Date Start: \_\_\_\_\_ Service Date End: \_\_\_\_\_

Currently Employed By: \_\_\_\_\_ Occupation: \_\_\_\_\_

How did you hear about the Gulf Coast Veterans Advocacy Council, Inc.?  
\_\_\_\_\_  
\_\_\_\_\_

I hereby attest that I will abide by the principles and bylaws of the Gulf Coast Veterans Advocacy Council, Inc., and to the utmost of my ability and talents, assist in the promotion of a positive and fulfilling lifestyle for veterans, to achieve a satisfactory level of reintegration into family, employment and the community.

Would you like to be a GCVAC volunteer to assist with various programs? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_