



## MEMBER APPLICATION

Please complete this fillable form and e-mail to MWaldrop@blue-cord.com.  
You may also print out and complete by hand. Please type or print clearly.

Date \_\_\_\_\_

Name \_\_\_\_\_

Home or work address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_  
\_\_\_\_\_

Military branch of service (if applicable) \_\_\_\_\_

I am affiliated with the veteran organization named below  
\_\_\_\_\_

Organization address  
\_\_\_\_\_  
\_\_\_\_\_

How can you contribute to the council?  
I would like to serve on the following committee(s): please circle one or more

Veterans Day Parade

POW/MIA Day

Website

Memorial Day

Other (Please List)

\_\_\_\_\_  
\_\_\_\_\_

### FOR EXECUTIVE COMMITTEE USE ONLY

Associate

Councilmember

Guest

Date Reviewed \_\_\_\_\_ Date Forwarded to Mayor's Office \_\_\_\_\_