



# MAYOR'S VETERANS ADVISORY COUNCIL

## MEMBER APPLICATION

Please complete this fillable form and e-mail to [veteranscouncil@cityoforlando.net](mailto:veteranscouncil@cityoforlando.net).

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 \_\_\_\_\_