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**MANATEE COUNTY VETERANS COUNCIL**

**PO BOX 1881**

**Bradenton, FL 34206-1881**

**www.mymcvc.org**

**MEMBERSHIP APPLICATION**

**Each organization is allowed 2 representatives but only 1 vote. Please give complete *information on voting* member. If the Commander or President of the organization is in attendance that person may have the privilege of voting in place of the rep.**

**Full Legal Name of Organization**

**Organization’s Appointed Representative Full Name Served in Military (Yes/No)**

**Name of 2nd Appointed Representative Served in Military (Yes/No)**

**REPRESENTATIVE’S INFORMATION:**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/Town:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_**

**Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Renewal: \_\_\_\_ Yes \_\_\_\_ No**

**Membership Fee \_\_\_\_ Annual ($50) \_\_\_ 2 years ($100) \_\_\_3 years ($150)**

**PLEASE MAKE CHECKS PAYABLE TO:**

**MANATEE COUNTY VETERANS COUNCIL**

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