

SUN CITY VETERANS ASSOCIATION
2010 MEMBERSHIP APPLICATION
Supporting Our Troops and Promoting Patriotism

Dues are \$10.00 per person
(Second household member can be added for an additional \$5.00)

Note: Any Veteran 85 years old or older can join for free

Checks only please - made payable to SCVA

1st Members CAM ID # _____ Last Name _____ First Name _____

2nd Members CAM ID # _____ Last Name _____ First Name _____

Email Address: _____

(Email address will only be used for SCVA purposes only)

Address _____ Neighborhood _____

Phone Number _____ Check Number _____ circle amount \$5.00, \$10.00 or \$15.00

Date of Birth (Only required for 85 years or older members) _____

I would like to volunteer my time to assist the SCVA: Yes _____ or No _____

We will email or call when there is a need to check your availability.

Type of membership (Please circle one) Veteran Non-Veteran Surviving Spouse

Signature: _____

******* Information below is required for Veterans only *******

1.) If you are a veteran circle the branch(s) you served in:

Army Navy Marines Air Force Coast Guard Merchant Marine

2.) If either of the following apply please circle Retired Military* Disabled Veteran*

** We will use this information to provide you with possible benefits and/or changes to benefits that we become aware of.*

3.) Enter the start and end dates for your military service: from mm/yy _____ to _____

Return completed form and any necessary payment at either the monthly SCVA meetings or deliver to Membership Chairman Bob Schmidt (lower mail box) at 310 Hampton Place

Phone: 705-2242

Email: rwschmidt@hargray.com