

Chattanooga Area Veterans Council (CAVC)

Mail completed form & \$25 dues to: P.O. Box 24984, Chattanooga TN 37422-4984

Application for Membership in the Chattanooga Area Veterans Council

Name of Institution/Organization

Title & Name of Presiding Officer

From: _____ To: _____
Term of Office

Mailing Address City State Zip

Phone Number

Email Address

Name of Representative if NOT Presiding Officer

Representative Address City State Zip

Representative Phone Number

Representative Email Address

Select, Sign & Date the appropriate Section below:

Veteran Organization: I certify the above-named organization is a nationally-chartered, 501(c)(19) Veterans Service Organization composed of service members and/or veterans from the Army, Navy, Marine Corps, Air Force, Coast Guard, National Oceanic and Atmospheric Administration, Public Health Service and/or Merchant Marines, and/or a reserve component of those services.

Dues are \$25 per calendar year and are due and payable in January of each year.

Signature of Presiding Officer or Representative

Date Signed

Associate Organization: I certify the above-named institution/organization has operations closely allied with and/or related to the function of CAVC.

I further understand Associate Members have **NO VOTE** in the affairs of the CAVC.

Dues are \$25 per calendar year and are due and payable January 1 of each year.

Signature of Presiding Officer or Representative

Date Signed

- DO NOT WRITE IN THIS SPACE -

Exec Board Comments: _____

Exec Board Recommendation: _____ Membership Vote & Date: _____