

2017 applicaton

GRAND TRAVERSE AREA VETERANS COALITION MEMBERSHIP APPLICATION

APPLICANT INFORMATION/RENEWAL FORM

Name of Organization:

Address:

Organization Meeting Time & Location:

NOTES: Please mail renewal Dues (By 1 JAN) to GTAVC, P.O. Box 5315, Traverse City, MI 49696-5315

Number of Members:

Organization Phone Number:

DELEGATE INFORMATION

Name of Delegate:

Address:

Phone:

E-mail:

City:

State:

ZIP Code:

Title/Position

ALTERNATE CONTACT INFORMATION

Name of Delegate:

Address:

Phone:

Email:

City:

State:

Zip Code:

Title/Position

GTAVC REPRESENTATIVE ONLY

Received by:

FOR YEAR: 2017

Date received:

Signed