



Democratic Veterans Caucus of Florida Membership Application

Name LAST _____ FIRST _____ MI _____

Address _____

City _____ County _____ State _____ Zip _____

Home Phone _____ Cell _____

Business Phone _____ Fax _____

Email: _____

Precinct # _____ Congressional District # _____ Voters Registration # _____

Prior Military Service: Dates Served _____ Highest Rank Served _____

US Army _____ USN _____ USAF _____ USMC _____ USCG _____

Active Service _____ Reserve _____ Natl. Guard _____

Military Service None: _____ Family Military _____

Areas of Interest:

Campaign _____ Fundraising _____ Legislative _____ Technology _____ Other _____

Referred by _____

Signature: _____ Date: _____

Annual State Caucus Dues: Veterans: \$15; Nonveterans: \$20 .

Ask if there is a county caucus in your county. Additional dues may apply if you wish to join.

Check _____ Money Order _____ CASH _____ (do not mail cash) Make payable to DVCF

Mail to: DVCF
c/o Marian Williams, Membership Chair
P.O. Box 953663
Lake Mary, FL 32795

For more information, Contact Marian Williams at mmj9244@aol.com
Visit the DVCF website at www.demvetsfl.org