



Cumberland County Veterans Council, Inc.

PO Box 2862 Fayetteville, NC 28302

Renewal/Membership Application

July 1, _____ thru June 31, _____

Date:

Dues are \$35.00 Payable by January 1

Name of Organization: _____

Address: _____

Telephone: _____ E-Mail: _____

Web Page Address: _____

Organization (s) must be Nationally Chartered to be a Voting Member

Each Organization only has 3 (three) vote no matter how many Representatives you have listed.

Designated Representatives for Voting on behalf of the above Organization

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-Mail: _____

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-Mail: _____

Name: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-Mail: _____

For CCVC Use Only

Date: _____

Accepted ___ Rejected ___ Treasurer Signature

Dues Paid to Treasurer: YES ___ NO ___ CASH \$ _____ CHECK # _____