



**Veterans Council of Hillsborough County, Inc.
Membership Application or Renewal and Donation**

Name: _____ Primary Phone: _____

E-Mail Address: _____

Organization: _____

Organization Web site: _____

The above information is available to the general membership of the Veterans' Council of Hillsborough County, Inc. upon request

The meeting agenda, meeting minutes, announcements and membership roster will be disseminated via electronic mail. Limited printed copies of the agenda, minutes and membership roster will be available at monthly meetings to those members who do not have an electronic-mail address.

\$20- Annual Membership Application Renewal for October 1st thru September 30th 20____

\$_____ Donation to Veterans' Council CASH CHECK# _____ TOTAL: \$ _____

Donations will be placed in the General Fund unless designated for a specific program.

The information below will be made available only to the officers of the Veterans Council as required to carry out their duties.

Street Address: _____

City/State/Zip: _____ Alternate Phone: _____

The Council's Mission:

The Veterans Council of Hillsborough County is a coalition of veteran organizations and groups that supports its missions to serve Veterans by:

Being a representative of Hillsborough County Board of County Commissioners - Promoting patriotic Veterans events and remembrance - Accommodating a Veteran information source within the community - Working in unison with the local Veterans Affairs Office to provide assistance for veterans and their families - maintaining a liaison with local governments - Mentoring Youth and School Educational Enrichment - Coordinating Museum and Park functions with the Veterans Memorial Park Museum Committee, Inc. - Conducting any other activities that are necessary to fulfill the mission of serving Veterans.

Guidelines for Use of Funds: The Council recognizes that there are many organizations that provide quality support for Veterans and their families. However, the Council does not provide funding for any organization or program that does not fulfill the Council's mission as stated above.

I have read the Council's mission statement and guidelines for use of funds. _____(initials)

Mail to: Veterans Council of Hillsborough County, Inc.
Attn: Treasurer
3602 US Hwy 301 N.
Unit4
Tampa, FL 33619-1247

Date Submitted: _____

THANK YOU!