

**United Veteran's Council of Santa Clara County
Membership Application and Delegate List**

Membership is restricted to only those Veterans Organizations and their auxiliaries chartered by the Congress of the United States and/or recognized by the State of California.

INITIAL APPLICATION

ANNUAL RENEWAL

Date: _____

ORGANIZATION: _____

POST/ CHAPTER: _____ Telephone: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

E-MAIL ADDRESS: _____ WEB SITE: _____

DELEGATES: Each Veteran Organization/auxiliary shall be **entitled to three delegates** and any number of alternates. Alternates may vote at Council meetings only in the absence of an elected/appointed delegate.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

ORGANIZATION MEMBERSHIP DUES ARE **\$20.00** PAYABLE WITH THIS APPLICATION/RENEWAL FORM.
MAIL TO THE UNITED VETERANS COUNCIL AT THE FOLLOWING ADDRESS:

**United Veterans Council of Santa Clara County
P.O. Box 26517 • San Jose, California 95159-6517**