

Membership Update Questionnaire

Thank you so much for helping us with this IMPORTANT update to our membership roster. With updated information we will be able to assure the IRS that we are complying with the requirements of a military Organization (501 (c) 19), and also use it for statistical data that will help us apply for grants and to raise funds. It will also ensure that we mail your Courier to the correct address!!

Please Print

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Cell Phone _____

Email _____

Would you like to receive the Council Courier electronically? Yes _____ No _____

Date of Birth _____ Spouse Name _____

Military Status (Please check all that apply)

Active Duty _____ ROTC Student _____ Cadet _____ Veteran _____

Mil. Retiree _____ Mil. Spouse _____ Mil. Widow/Widower _____ Civilian _____

Military Branch _____ Rank _____ Dates of Service _____

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Are you interested in serving as a volunteer with the BVC or VMC? If so, please check any area that you are interested in

Manager on Duty _____ Building maintenance _____ Mem. Plaza _____

Membership _____ Public Speaking _____ Events _____ Museum _____

Fund raising _____ Golf Tournament _____ Other _____

THANK YOU!!