



BREVARD VETERANS MEMORIAL CENTER

MEMBERSHIP APPLICATION

400 South Sykes Creek Parkway

Merritt Island, Florida 32952

Phone: 321-453-1776

PLEASE PRINT

Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Date of Birth: _____ Spouse Name: _____

Military Status (Please check all that apply)

Current Active Duty: _____ Retired Military: _____ Former Military: _____

ROTC Student: _____ Cadet: _____ Military Spouse: _____ Military Widow/Widower: _____

Civilian with Military Ancestor: _____ Civilian with **NO** Military Ancestor: _____

Military Service

Military Branch: _____ Rank: _____ Dates of Service: _____

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Additional Information

- Dues are a one-time payment of \$100 for a lifetime membership
- Please return completed forms to the address above and provide payment Made payable to **BREVARD VETERANS MEMORIAL CENTER**, and proof of military service (unless civilian status is claimed)
- Many volunteer opportunities exist – please check out the volunteer form at the Center or on our website www.veteransmemorialcenter.org/volunteer
- You will receive the monthly BVMC newsletter via email if an email address is provided above

Signature: _____ Date: _____

For Office Use Only: Status Verified: DD214 _____ Military ID _____ Other _____

Verified by: _____

Life Membership dues paid: Cash _____ Check # _____ Other _____

NOVEMBER 12, 2025