

Veterans Council of Hillsborough County, Inc. New Membership Application/Donation Form

Name:		
Primary Phone:		
E-Mail Address:		
Organization:		
Organization Web site:		
The above information is available to the general memb request	pership of the Vetera	ns' Council of Hillsborough County, Inc. upon
The meeting agenda, meeting minutes, announcements a Limited printed copies of the agenda, minutes and memb members who do not have an electronic-mail address.	-	
\$40- Annual Membership [] Application [] Renewal for	October 1st thru Sep	tember 30th 2025
\$Donation to Veterans' Council [] CASH	[] CHECK#	TOTAL: \$
Donations will be placed in the General Fund unless des	signated for a specifie	c program.
The information below will be made available only to th duties.	e officers of the Vet	erans Council as required to carry out their
Street Address:		
City/State/Zip:	Alternate Phone	:
The Council's Mission: The Veterans Council of Hillsborough County is a coalition serve Veterans by: Supporting Hillsborough County Board of County Commis Accommodating a Veteran information source within the Service staff to provide assistance for veterans and their f Youth and School Educational Enrichment - Coordinating any other activities that are necessary to fulfill the missio	sioners - Promoting p community - Workin families - maintaining Museum and Park fu	patriotic Veterans events and remembrances - g in unison with Consumer and Veterans a liaison with local governments - Mentoring nctions with other organizations - Conducting
Guidelines for Use of Funds: The Council recognizes that Veterans and their families. However, the Council does no fulfill the Council's mission as stated above.		
I have read the Council's mission statement and guideline	es for use of funds.	(initials)
Mail to: Veterans Council of Hillsborough County, Inc. Attn: Treasurer 3602 US 301 N. Unit # 4		
Tampa, FL 33619-1247		Date Submitted:
Т	HANK YOU!	