



PALM VALLEY POST 233

560 N. Wilderness Trail

Ponte Vedra Beach, FL 32082

PRINT CLEARLY

FIRST NAME _____

MIDDLE INITIAL _____

LAST NAME _____

DATE OF BIRTH MM/DD/YYYY ____/____/____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____ - _____ - _____

EMAIL _____

BRANCH OF SERVICE _____

DATES OF SERVICE _____

ATTACH COPY OF DD214 OR VETERANS DRIVERS LICENSE

DUES \$50.00

I certify that I served at least one day of active military duty since December 7, 1941, and was honorably discharged or am still serving honorably.

SIGNATURE _____