

CAYMAN ISLANDS VETERANS ASSOCIATION

P. O. BOX 11686, GRAND CAYMAN KY1-1009

CAYMAN ISLANDS TEL: 1 (345) 946 3659

caymanislandsveterans@gmail.com

APPLICATION FOR **ASSOCIATE** MEMBERSHIP

- 1. **YOUR FULL NAME:** _____

- 2. **FULL NAME OF FAMILY MEMBER WHO SERVED AND BRANCH OF SERVICE:** _____

- 3. **PERIOD OF SERVICE:** FROM _____ TO _____
(Proof of Service such as Discharge Certificate, Award Citation or Official Correspondence required!)

- 4. **YOUR RELATIONSHIP TO SERVICEMEMBER:** _____

- 5. **YOUR ADDRESS:** _____

- 6. **TELEPHONE/EMAIL** _____

- 7. **DATE OF BIRTH:** _____
(Attach copy of your birth certificate)

- 8. **PLACE OF BIRTH:** _____

- 9. **REASON FOR APPLYING FOR ASSOCIATE MEMBERSHIP IN THE CAYMAN ISLANDS VETERANS ASSOCIATION:** _____
(IN YOUR OWN WORDS)

- 10. **MEMBERSHIP FEE ENCLOSED:** CHEQUE CASH
(CI\$50.00 PER YEAR- DUE by JAN 30th EACH YEAR)

SIGNATURE: _____ **DATE:** _____