

CAYMAN ISLANDS VETERANS ASSOCIATION

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

CAYMAN ISLANDS TEL: 1 (345) 946 3659

caymanislandsveterans@gmail.com

APPLICATION FOR MEMBERSHIP

1. **FULL NAME:** _____

2. **ADDRESS:** _____

TELEPHONE/EMAIL _____

DATE OF BIRTH: _____
(Attach copy of birth certificate)

PLACE OF BIRTH: _____

3. **BRANCH OF SERVICE:** _____
(If more than one please state)

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

7. **FINAL RANK/RATING:** _____

8. **DECORATIONS AWARDED:** _____

9. **COUNTRIES OR AREAS
WHERE SERVED:** _____

10. **FULL NAME OF SPOUSE:** _____
(Attach copy of Marriage Certificate & Spouse's Birth Certificate)

11. **FULL NAME OF
CHILDREN UNDER
18 YEARS (23 IF FULL
TIME STUDENT)** _____
(Attach copy of Birth
Certificate)

12. **MEMBERSHIP FEE** **ENCLOSED: CHEQUE** **CASH**
(CI\$50.00 PER YEAR)

SIGNATURE: _____ **DATE:** _____