



ORGANIZATION MEMBERSHIP APPLICATION/CONTINUATION

JVCOCC - HISTORY AND GOALS

The Joint Veterans Council of Cuyahoga County (JVCOCC) was established in 1932 to bring together the energies of the various Veterans organizations, work on common goals, education and commemorations. The JVCOCC sponsors the following events: Flag Day with U.S. Army Birthday and Naturalization Ceremony; Veterans Day; and the annual Officer Installation and Outstanding Veteran of the Year Dinner in February; and now with the Association of the United States Army sponsors the Armed Forces Day Outstanding Patriot recognition dinner. A working partnership to preserve our legacy.

FORM DIRECTIONS

Dear fellow Veterans organization leaders and members, thank you for your interest in becoming or continuing to be a member organization of the Joint Veterans Council of Cuyahoga County (JVCOCC). Membership requirements include the following: (1) Organization to be countywide Veterans organization or post/chapter if only one in county (2) Designate two delegates to represent your organization on the JVCOCC governing board (3) Countywide President/Chairman/Commander is third delegate (4) Current annual membership dues are \$25.00 and payable by each January 1st. Please fill out the information below and return signed via e-mail to info@jvcocc.org as a PDF file, or fax to (216) 373-7799, or send via mail to JVCOCC P.O. Box 5350 Cleveland, Ohio 44101. If you have any questions please feel free to e-mail info@jvcocc.org or call us at (216) 373-7799. RENEWALS, this form needs to be submitted each time with dues payment. NEW - Please mail dues upon notice of acceptance.

National Name: _____

Unit Name: _____

Organization Address _____ City _____ State __ Zip _____

Tel. _____ Fax _____ E-mail: _____

Leader's Title (please circle one) President/Chairman/Commander/Other: _____

Last Name _____ First Name _____ MI _____

Leader's Address _____ City _____ State __ Zip _____

Tel. _____ Cell _____ Fax _____ E-mail: _____

Delegate 1 (Title, if officer) _____

Last Name _____ First Name _____ MI _____

Del. 1 Address _____ City _____ State __ Zip _____

Tel. _____ Cell _____ Fax _____ E-mail: _____

Delegate 2 (Title, if officer) _____

Last Name _____ First Name _____ MI _____

Del. 2 Address _____ City _____ State __ Zip _____

Tel. _____ Cell _____ Fax _____ E-mail: _____

Signature of official representative

Print name/title of official representative

Date (mm/dd/yyyy)