



Heritage Palms Veterans Association

Membership Application

I certify, by submitting this application, that I served in the U. S. Military or its Allies during the below listed dates and received an honorable discharge.

Please Print

NAME:

HPGCC ADDRESS:

ALTERNATE ADDRESS:

PREFERRED PHONE:

(____) ____ - _____

ALTERNATE PHONE:

(____) ____ - _____

EMAIL ADDRESS:

BRANCH OF SERVICE:

YEARS OF ACTIVE SERVICE:

from: _____ until: _____

USA ASSIGNMENTS:

OVERSEAS ASSIGNMENTS:

SIGNATURE: _____

Mail or Hand Deliver to:

HPVA
%HPGCC
10420 Washingtonia Palm Way
Ft. Myers, FL 33966