

**United Veteran's Council of Santa Clara County  
Membership Application and Delegate List**

Membership is restricted to only those Veterans Organizations and their auxiliaries chartered by the Congress of the United States and/or recognized by the State of California.

INITIAL APPLICATION

ANNUAL RENEWAL

Date: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_  
POST/ CHAPTER: \_\_\_\_\_ Telephone: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_ WEB SITE: \_\_\_\_\_

**DELEGATES:** Each Veteran Organization/auxiliary shall be entitled to three delegates and any number of alternates. Alternates may vote at Council meetings only in the absence of an elected/appointed delegate.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

ORGANIZATION MEMBERSHIP DUES ARE \$20.00 PAYABLE WITH THIS APPLICATION/RENEWAL FORM.  
MAIL TO THE UNITED VETERANS COUNCIL AT THE FOLLOWING ADDRESS:

**United Veterans Council of Santa Clara County  
P.O. Box 26517 • San Jose, California 95159-6517**