



Michigan Association of County Veterans Counselors

Membership Application

Name: County:

Title: Date:

Office Address.: Telephone:

Fax: E-mail address:

Office Hours/Days of Operation:

----- **OTHER OPTIONAL INFORMATION** -----

Public law under which your office operates:

P.A. 77

P.A. 139

P.A. 192

P.A. 214

Other (please specify):

Military Service (if any) Branch:

Entry Date:

Discharge Date:

ANNUAL DUES ARE \$25.00 FOR MACVC AND \$50.00 FOR NATIONAL ASSOCIATION OF COUNTY VETERANS SERVICE OFFICERS (\$75.00 TOTAL)

Make check payable to: MACVC

Print and mail to:

MACVC--Shannon Kreger, Treasurer
171 Dawson Street, Suite 227
Sandusky, MI 48471