



Membership Form

Please check Membership Type

Individual _____ Organization _____

Name _____

Contact Person if an Organization _____

Mail Address _____ City _____

State _____ Zip _____

Phone _____ Ext. _____

E Mail _____

Membership Dues per year is \$10 __ Lifetime \$100 __

Veteran Active Duty/Reservist I support Vets

Veterans Service Organization Part of Military/Veteran Family

Organization of supporting Veterans/Active Military

Make Checks Payable to Jerry Ambrose Veterans Council

Mail to PO Box 4463 Kingman AZ 86402