



## 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 \$30.00 FOR NATIONAL ASSOCIATION OF COUNTY VETERANS SERVICE OFFICERS (\$55.00 TOTAL)**

**Make check payable to:   MACVC**

**Print and mail to:**

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