



Michigan Association of County Veterans Counselors

Membership Application

Name: _____

County: _____

Title: _____

Office Address: _____

Telephone: _____

Fax: _____

Email: _____

Office Hours/Day 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 Branch (if any) _____

Entry Date: _____ Discharge Date: _____

ANNUAL DUES ARE \$50.00

Make check payable to: MACVC

Print and mail to: MACVC Treasurer
Clare County Veterans Services
225 W Main St
Harrison MI 48625