



PROJECT: VETRELIEF

VetRelief Advocate Approval Form

RETURN THIS FORM TO:

Email: jcooper@floridalegion.org | Fax: 407-270-9212 | Mail: 1912A Lee Road Orlando, FL 32810

VetRelief Advocate Information

FIRST NAME		MIDDLE	LAST NAME	
STREET ADDRESS				
CITY			STATE	ZIP CODE
EMAIL			PHONE	
MEMBER OF		NUMBER	MEMBER ID NUMBER	
<input type="radio"/> American Legion	<input type="radio"/> Sons of the American Legion			
<input type="radio"/> Auxiliary	<input type="radio"/> Legion Riders			

Post Service Officer Information I am the Post Service Officer

FIRST NAME		MIDDLE	LAST NAME	
STREET ADDRESS				
CITY			STATE	ZIP CODE
EMAIL			PHONE	

By signing this document you are stating that you are the elected/ appointed VetRelief Advocate and have been selected by the Commander/President.

VETRELIEF ADVOCATE SIGNATURE

DATE

COMMANDER/PRESIDENT SIGNATURE

DATE