



[Florida Association of Veterans Education Specialists \(F.A.V.E.S\)](#)

[Membership Application](#)

**\*\*Membership Fee: \$35\*\***

\_\_\_\_ New Member \_\_\_\_ Renewal Membership Year: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Work Ph: \_\_\_\_\_

Cell Ph: \_\_\_\_\_

Job Title: \_\_\_\_\_

What type of school is your institution?

\_\_\_\_ State University    \_\_\_\_ State College/CC    \_\_\_\_ Public NCD    \_\_\_\_ Private NCD

\_\_\_\_ Private 2-Year IHL    \_\_\_\_ Private 4-Year IHL    \_\_\_\_ Flight School    \_\_\_\_ Military Organization

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Membership fee: \$35\*\***

\*\*\*\*All checks or money orders are made payable to **“Florida Association of Veterans Education Specialists”**. Please send check or money order to:

Mike Pischner  
Florida Association of Veterans Education Specialists (F.A.V.E.S) Treasurer  
11200 S.W. 8th Street PC 429  
Miami, FL 33199