



[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