

VETERANS COUNCIL CLAY COUNTY FLORIDA, INC
By-Laws as amended January 7, 2026

Appendix B: Member Organization Application & Delegate Appointment Letter for Year 2026 – 2027 (as of 01/06/26)

1. Organization Name: _____

2. Applying for Member Organization Type – Dues \$55/YR: (select appropriate type)

Constituent _____ Affiliated _____ Professional (non-voting) _____

3. In accordance with Article III, Paragraph 302, the following personnel are appointed as delegates:

Delegate #1:

Name:

Phone:

Email:

Member Organization position:

Alternate #1:

Name:

Phone:

Email:

Member Organization position:

Delegate #2:

Name:

Phone:

Email:

Member Organization position:

Dues logged by Secretary: YES / NO

Date: _____

Amount: _____

Cash/Check# _____

Make checks out to: Veterans Council Clay County

4. I certify to the best of my knowledge that the above appointed delegates and alternate are of good moral and ethical character and **are /are not** authorized to vote on behalf of the organization, if applicable.

5. I certify that I am authorized to sign on behalf of my organization: _____
Organization Name

Name Title Date

Ref: VETERANS COUNCIL CLAY COUNTY FLORIDA, By-laws, dated January 7, 2026 Article III Membership, 302 Voting Member Delegates and Alternate