



Membership Application

Date: _____

Last Name: _____ First Name & M.I _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone No: _____ Pager: _____

Business Phone No: _____ Ext: _____ Fax No: _____

E-mail: _____ Cell/Mob. Phone No: _____

Company, Business or Professional Information: _____

Note: Networking with other members is not mandatory. However, if you do choose to network within the JSFS, describe your company or professional services in sufficient detail. If you are retired from private business or government service other than military service, list the field you retired from or any other area of expertise you have experience in which might benefit another member.

Company or Business Name: _____

Description: _____

Military Service Branch/Dates: _____

Note: Attach copy of DD-214, Military ID or Honorable Discharge document.
If DD-214 is not attached, list military history, career or otherwise, on back of sheet.

-----FOR JSFS USE ONLY-----

Verification of Service: Verified by _____ Document _____ Date _____

Initial Dues (\$40) Paid: Amount _____ Date: _____

Print form and mail to: JSFS P.O. Box 28188 Jacksonville, Florida 32226