



CUBAN AMERICAN VETERANS ASSOCIATION
ASOCIACION DE VETERANOS CUBANO-AMERICANOS
P.O. Box 140305 Coral Gables, FL 33114-0305
www.cavavets.org

Please include two
(2) photos
TOMARLAS DE LA
CINTURA A SU
CARA DISTANCIA
DE 3 PIES POR LA
PROPORCION DEL
CARNET (I.D.)

PERSONAL INFORMATION

First Name:				Last name(s):					
Address:									
Home Phone:		Work:		Cel:		FAX:			
Employer's name & address:									
Position:				Driver's License No:					
Date of Birth:		Place of birth(Country and city):							
US Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>		Alien Registration No:		Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/>					
Height:		Weight:		Hair color:		Eyes:		Blood type:	

MILITARY INFORMATION

Active Duty: Yes <input type="checkbox"/>	Branch of service:		Date of enlistment:		Rank:	
Active Duty: No <input type="checkbox"/>	Type of discharge:					
Date of Enlistment:		MOS:		Overseas duty: Yes <input type="checkbox"/> No <input type="checkbox"/>	Where:	
Last Rank:						

Have you served in the Armed Forces of a foreign country: Yes <input type="checkbox"/> No <input type="checkbox"/>	Country:					
Branch of service:		Date of enlistment:		Date of termination:		

GENERAL INFORMATION

List all current or past outside activities (political, cultural, social, professional, or service organizations)

List all additional military or civilian experience that will help in the reconstruction of Cuba

APPLICANT MUST PROVIDE COPY OF DD214 OR HONORABLE DISCHARGE. IF IN ACTIVE DUTY, COPY OF MILITARY ID.

I hereby certify that the above information is correct and verifiable. I swear that I am not a member of any communist or illegal organization. I swear that I will abide by the Rules and Regulations of CAVA. I understand that my membership is subject to the approval of CAVA's Board of Directors.

Applicant's signature

Date