



**CUBAN AMERICAN VETERANS ASSOCIATION**  
ASOCIACION DE VETERANOS CUBANO-AMERICANOS  
P.O. Box 140305 Coral Gables, FL 33114-0305  
[www.cavavets.org](http://www.cavavets.org)

Please include two  
(2) photos  
TOMARLAS DE LA  
CINTURA HA 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