Florida Gold Star Families Inc. Membership Application

Instructions:

Thank you for your interest in joining Florida Gold Star Families Inc. Our mission is to honor and support families who have lost a loved one in service to our nation. Please complete the form below to become a part of our supportive community. All information provided will be kept confidential.

Section 1: Applicant Information

- **Full Name of Applicant**:_____
- **Relationship to Fallen Service Member**:
    - (e.g., Parent, Spouse, Sibling, Child, etc.)
    - _____
- **Street Address**:_____
- **City:**_____
- **State**:_____
- **Zip Code**:_____
- **Phone Number**:_____
- **Email Address**:_____

Section 2: Fallen Service Member Information

- **Full Name of Service Member**:_____
- **Branch of Service**:
    - (Army, Navy, Air Force, Marines, Coast Guard, etc.)
    - _____
- **Rank**:_____
- **Date of Birth**:_____
- **Date of Passing**:_____
- **Location of Passing**:
    - (e.g., Iraq, Afghanistan, United States, etc.)
    - _____

Section 3: Membership Type

Please select the membership type you're interested in:

- **Gold Star Family Member** (Immediate family members of fallen service members)

  _____

- **Honorary Member** (Friends, extended family, or those who wish to support the organization)

  _____

Section 4: Additional Information (Please circle or check applicavle)

- **Would you be interested in participating in or volunteering for any of the following?**
  - Community Events
  - Support Groups
  - Advocacy Initiatives
  - Educational Programs
  - Fundraising
  - Other: _____
- **How did you hear about Florida Gold Star Families Inc.?**

  _____
  _____
  _____
  _____
  _____

Section 5: Authorization and Agreement

I, the undersigned, certify that the information provided is true and accurate to the best of my knowledge. I acknowledge that I am applying for membership in Florida Gold Star Families Inc. and understand the mission and purpose of the organization. I consent to receive updates and communications related to events, resources, and advocacy efforts.

- **Signature**:_____
- **Date**:_____

Submission Instructions

Please submit this completed application to:

Email: Floridagoldstarfamiliesunited@gmail.com
Mail: Florida Gold Star Families Inc., P.O. Box 351875, Palm Coast FL 32135

For questions or assistance with the application, contact us at
Floridagoldstarfamiliesunited@gmail.com