

. (06-21-2023)

SONS OF AMVETS

DEPARTMENT OF FLORIDA



Veterans Mobility Assistance Program Application

With the ongoing support of grants provided by the AMVETS Department of Florida Service Foundation, the Sons of AMVETS Department of Florida is committed to assisting our nation's Veterans through our Veterans Mobility Assistance Program. All requests for assistance will be reviewed by the Sons of AMVETS Department of Florida Executive board. Please provide the information below and forward your request to the SOA Department of Florida Commander by e-mail or by USPS mail. (addresses below).

Date: / /				
Date of birth: / /	Name:			
Address:				
City:	State:		Zip Code:	
Phone:	Height:	Weight:	(models vary a	ccording to an individuals size)
Veterans Service Organization N	Member (AMVETS	S, VFW, American	Legion)?	Post#
What years did you serve?	B	ranch of service: _		
Briefly describe your duties, star	tions of service and	any awards receive	ed:	
D: 0	•,			
Briefly state reason for requesting	ig a unit.			
Signature				
The Sons of AMVETS Department of Idamage or bodily injury resulting from		_	_	
above liability statement	-	of FL CMD Nat		ges your agreement with the
Please send this completed form	_		TIOITI GENW 5.	
i icase sena unis compicica form	Lakeland,	fl 33810		

(863)808-8273

nathanwuesthoff@live.com