

## 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:			
Phone:	Height: Wei	ght: (models vary acc	ording to an individuals size)
Veterans Service Organization Men	nber (AMVETS, VFW, Ar	nerican Legion)?	Post#
What years did you serve?	Branch of se	rvice:	
Briefly describe your duties, station	s of service and any award	ls received:	
Briefly state reason for requesting a	unit.		
Signature			
The Sons of AMVETS Department of Flori damage or bodily injury resulting from the	-	-	
above liability statement	DEPT. OF FL. SOA COM		-
Please send this completed form to:		ASSO AVENUE	
rease sond and completed form to.		RT, FL 34287	

. (06-21-2023)

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