



Veteran/Military Friendly University (VMFU) Enrollment Form

Date: _____

Military Chaplains Association
Attn: Veteran/Military Friendly Congregation Program
P.O. Box 7056
Arlington, VA 22207-7056

This letter is to certify that the Health Care Provider: _____
located at address: _____, will complete the
following:

- We agree to adopt or implement one or more Military Programs.
- We agree to advertise the existence of the Military Program(s) in one or more of our congregation publications (service bulletins, newsletters, etc.) so that their existence is easily visible to visitors, members, and leadership of the congregation.
- We provide permission to the U.S. Military Chaplains Association, Vet to Vet Tennessee and their affiliates to list our organization information on their web site.

Signed: _____ Printed Name: _____

Title: _____

Executive Contact Info:

Name: _____

email: _____ phone #: _____

Leader Contact Info

Name: _____

email: _____ phone #: _____