

1. Chapter Name	2. State	
3. Last Name First Middle		
4. Current Address	5. Birthdate	
6. City	7. State	8. ZIP Code
9. Home Phone Number	10. Cell Number	
11. Email Address		

Please Check One

- | | | |
|--|---|---|
| 12. <input type="checkbox"/> Youth | 13. <input type="checkbox"/> Veteran | 14. <input type="checkbox"/> Immediate Family Member of Veteran |
| 15. <input type="checkbox"/> Aux Member | 16. <input type="checkbox"/> DAV Member | 17. <input type="checkbox"/> Professional _____ |
| 18. <input type="checkbox"/> Other _____ | | |

INSTRUCTIONS

NOTE: Complete information is important to ensure your records are updated correctly.

- Item 1 Name of the Chapter where you volunteer (if applicable).
- Item 2 State where it is located.
- Items 3 thru 11 Provide full name, current address, birthdate, your home phone number with area code (if applicable), cell phone number and email address.
- Item 12 thru 18 Check the Box indicating your status.