

TWU Veteran's Registration Form

THANK YOU FOR YOUR SERVICE!

Contact Information

Name	
Street Address	
City ST ZIP Code	
Phone	
E-Mail Address	
SWA Station/Position	

Branch of Service and Status

<input type="checkbox"/> Air Force	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Active	<input type="checkbox"/> Disabled
<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Retired	<input type="checkbox"/> Other _____
<input type="checkbox"/> Coast Guard		<input type="checkbox"/> Veteran	

Person to Notify in Case of Deployment as a Point of Contact

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

About You

Please tell us a little about yourself. Are you single/married? Do you have children, boys or girls, ages? Do you own a pet? What types of things would you worry about while you are away from your family if you were to be deployed? What wars, medals, and experiences do you have from when you served? What types of interests/hobbies do you have? ETC... (Use the back of this form if more room is needed)

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Veteran's Committee

If the need arises, would you like to help with the veteran's committee? ☐ yes ☐ no

What would you like to see happen with the veteran's committee? How would the veteran's committee best be used to help you and your family as well as our other Union brother/sister veterans?

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