## South Texas Afghanistan Iraq Veterans association – RGV Desert Eagles

# REGISTRATION FORM

|  |
| --- |
| (Please Print) |
| Date: / /  | Registered Voter : ❑ Yes ❑ No |
| Veteran INFORMATION |
| Veteran’s Last name: | First: | Middle: | ❑ Mr.❑ Mrs. | ❑ Miss❑ Ms. | Marital status (circle one) |
|  | Single / Mar / Div / Sep / Wid |
| Are you a U.S. Citizen: | E-mail Address: | Birth place: | Birth date: | Age: | Sex: |
| ❑ Yes | ❑ No |  |  |  / / |  | ❑ M | ❑ F |
| Street address: | Cell phone no.: | Home phone no.: |
|  | ( ) | ( ) |
| P.O. Box: | City: | State: | ZIP Code: |
|  |  |  |  |
| Occupation: | Employer: | Employer phone no.: |
|  |  | ( ) |
| Ethnicity:  |  ❑ African American ❑ Anglo American | ❑ Pacific Islander |  ❑ Middle Eastern American |  |
| ❑ Native American | ❑ Caucasian  | ❑ Asian American  | ❑ Mexican American  | ❑ European American | ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Race:  | Religion : | Education Level:  | Are you currently homeless: |  |
| ❑ White | ❑ Black | ❑ Asian |  |  |  ❑ Yes ❑ No |
|  |
| Service INFORMATION |
| (Please submit copy of Member 4 DD 214) |
| Branch of Service: | Type of Discharge | Start Date: Release Date: | Status: |
|  |   |  / / to / / | ❑ Active ❑ National Guard ❑ Reserve |
| Are you a disabled veteran? | ❑ Yes | ❑ No | Military Job Tittle(s) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Campaign Badge Information: | Are you enrolled at a VA clinic: |  |
| ❑ OND ❑ OIF ❑ OEF ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ❑ Harlingen ❑ McAllen ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **PAYMENT METHOD** |
| Please indicate method of payment: | ❑ Cash | ❑ Debit Card | ❑ Credit Card | ❑ Check | ❑ Waived |
| Amount Paid $\_\_\_\_\_\_\_\_\_\_\_\_\_  | **\*\* For waived payments you must provide proper documentation requested by STAIVA \*\*** |
| Payment Received By: | Signature: | Today’s Date:  | Veterans Initials: |
|  |  |  / / |  |
|  |
| IN CASE OF EMERGENCY |
| Name of local friend or relative (not living at same address): | Relationship to veteran: | Home phone no.: | Work phone no.: |
|  |  | ( ) | ( ) |
| Street Address:  | City:  | State:  | Zip Code:  |
|   |  |  |  |
| The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance. I also authorize South Texas Afghanistan Iraq Veterans association – RGV Desert Eagles to release any information required to process statically data. |
|  |  |  |  |  |
|  | Veteran signature |  | Date |  |