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

# REGISTRATION FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| (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.: | | | | | | | | | | | | | |
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| P.O. Box: | | | | | | | | | | | City: | | | | | | | | | | | | | | | | | | | State: | | | | | | | | | | | | | | ZIP Code: | | | | | | | | | |
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| Occupation: | | | | | | | | | | | Employer: | | | | | | | | | | | | | | | | | | | | | | | | | | | | Employer phone no.: | | | | | | | | | | | | | | |
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| 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: | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Veteran signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Date | | | | | | | | | | | | | | | | | | |  |