



# Veteran Females United

## Veteran Registration Form

(Please Print)



VETERAN INFORMATION					
Last name:		First:	MI:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss. <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated	
				<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Sex	Birth Date		Age	Birth Place	
E-mail Address:			Home phone no.:	Cell phone no.:	
Home Address:			Mailing Address		
City			State	Zip code:	
Occupation:		School Attending (If applicable)		Degree:	
Employer:			Employer phone no.:		
Ethnicity: <input type="checkbox"/> Non-Hispanic White or Euro-American <input type="checkbox"/> Black, Afro-Caribbean or African American <input type="checkbox"/> Latino or Hispanic American <input type="checkbox"/> East Asian or Asian American <input type="checkbox"/> South Asian or Indian American <input type="checkbox"/> Middle Eastern or Arab American <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Other					
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other _____		Religion:		Highest Education Level	Are you currently homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No

SERVICE INFORMATION					
(Please submit copy of DD214-4)					
Branch of Service		Status	Type of Discharge	Service Dates	
<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard		<input type="checkbox"/> Active <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard		Start Date:	Release Date:
				Name of Campaign: <input type="checkbox"/> OND <input type="checkbox"/> OIF <input type="checkbox"/> OEF <input type="checkbox"/> Other _____	
			Military Job Title(s)		Rank:
Are you enrolled at a VA clinic? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you service connected? <input type="checkbox"/> Yes <input type="checkbox"/> No		Service connection percentage?	

IN CASE OF EMERGENCY			
Name of friend or relative (not living at same address):		Relationship to member:	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 all forms required have been/will be submitted for verification before membership is approved. I authorize Veteran Females United to release any information required to process statistical data.			
_____ <i>Applicant Signature</i>		_____ <i>Date</i>	

# PHOTO RELEASE STATEMENT

I do hereby give VFU, its assignees, licensees, and legal representative the irrevocable right to use my picture, portrait or photograph in all forms and media and in all manners, for the advertising, trade or in any other lawful purpose for the benefit of the VFU. I do hereby forever waive any right to inspect or approve the finished product, including but not limited to, written copy and/or an image in print or on a website, which may be created in connection therewith.

I certify that I am eighteen (18) years of age or older. I understand that concerning unauthorized publication of my image must be pursued by me against the unauthorized user. VFU disclaims any responsibility for such unauthorized publication of my image. I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read and understand them and agree to be bound by them. I voluntarily and irrevocable give my consent and agree to this release and waiver.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

