

**SHEEP SPRINGS VETERANS' ASSOCIATION & AFFAIRS
SHEEP SPRINGS CHAPTER**

VETERANS ENROLLMENT FORM

DATE:	NAME OF SERVICE PERSON:	DOB:	CENSUS NO.:
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SSN:	SURVIVING: YES () NO ()	DATE OF DEATH:
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REGISTERED VOTER: YES () NO ()	IF "NO", WHAT CHAPTER ARE YOU REGISTERED WITH?
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MAILING ADDRESS:

NAME OF SPOUSE/FATHER/MOTHER	PHONE CONTACT NO.:
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NO.: OF DEPENDENTS:	OVER 18 () UNDER 18 ()	DEPENDENTS ON ACTIVE DUTY: YES () NO ()
IF "YES", NAME OF DEPENDENT ON ACTIVE DUTY:		

MILITARY BRANCH SERVED IN: ARMY () AIR FORCE () USMC () NAVY () COAST GUARD () RESERVES ()

CHECK ALL OR ANY CATEGORIES THAT MAY APPLY:

() ACTIVE MILITARY () NON-ACTIVE MILITARY () PEACETIME () COMBAT () HONORABLE DISCHARGE

() Served in Afghanistan, Tour of Duty:	Date:
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() Served in "Operation Iraqi Freedom, Tour of Duty:	Date:
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() Served during the "Vietnam Conflict:, Tour of Duty:	Date:
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() Served during the "Korean War Conflict:, Tour of Duty:	Date:
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() Served during the World War II", Tour of Duty:	Date:
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() Served in other "Conflicts", Name of Conflict/Tour of Duty:	Date:
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() Served during "Peacetime", Tour of Duty:	Date:
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() If not listed, please indicate which Tour of Duty:	Date:
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GOLD STAR MOTHER: ()	BLUE STAR MOTHER: ()	NAME:
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SIGNATURE:	CHAPTER: REC'D BY:
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