

1. Chapter Name	2. State
3. Last Name                      First                      Middle	5. Birthdate
4. Current Address	8. ZIP Code
6. City	7. State
9. Home Phone Number	10. Cell Number
11. Email Address	

**Please Check One**

12. <input type="checkbox"/> Youth	13. <input type="checkbox"/> Veteran	14. <input type="checkbox"/> Immediate Family Member of Veteran
15. <input type="checkbox"/> Aux Member	16. <input type="checkbox"/> DAV Member	17. <input type="checkbox"/> Professional _____
18. <input type="checkbox"/> Other _____		

**INSTRUCTIONS**

**NOTE: Complete information is important to ensure your records are updated correctly.**

- Item 1                      Name of the Chapter where you volunteer (if applicable).
- Item 2                      State where it is located.
- Items 3 thru 11        Provide full name, current address, birthdate, your home phone number with area code (if applicable), cell phone number and email address.
- Item 12 thru 18        Check the Box indicating your status.