

# TWU Veteran's Registration Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Shop: \_\_\_\_\_ Ext.: \_\_\_\_\_ Shift: \_\_\_\_\_ Station: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Branch of Service: Army - Navy - Air Force - Marines - Coast Guard - Reserve Unit - National Guard  
(Circle one or all that apply)

Length of Service: \_\_\_\_\_ Presently: Active Non-Active Retired Reserve

Would you like to receive information regarding veterans issues, rights, benefits, etc...? **Yes / No**  
If Yes, by which method would you prefer: (Circle one) US Mail E-Mail In-Person

Would you be interested in serving on the Veterans Committee? **Yes / No**

Is there an area of specific interest that you would like to help the Veterans Committee? **Yes / No**  
If yes, please briefly explain:

Comments: \_\_\_\_\_  
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