



Registration Form IVVETS.ORG

Please Print

Last Name:

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First Name:

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Current City of Residence: _____

Did you enter the service from the Imperial Valley? _____

Branch of Service (Please Circle):

Army	Navy	Marines	Air Force (WWII Army Air Corps)	Coast Guard	Merchant Marine (WWII)
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Years Served: From _____ to _____ Rank at Discharge: _____

If you served overseas, where:

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Do you belong to any of the veterans groups noted below (If yes, please circle):

American Legion	Korean War Vets	Vietnam Veterans	Iraqi Veterans	Afghanistan Veterans
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Permission to use photos and information:

I give permission to use the information given above in the development of the IVVETS.ORG website. The photos submitted by me for use on the IVVETS.ORG website were taken by me or given to me by the original photographer for my use. I assert that the photo is of me, and I grant IVVETS.ORG permission to use those photos on the website. I also authorize IVVETS.ORG to publish pictures of me taken by members of VFW Post 9305, or their designated photographers on said website.

Signed: _____ Dated: _____

Witness: _____ Dated: _____

The information below is for contact purposes and will NOT be used on the website

Address:			
City:		State:	
Email			
Phone			

If you are interested in participating in any of the areas below, please circle or otherwise indicate your interest.

School Presentations	Oral History Project	Web Site Data Entry
Your suggestion:		