

VVA Chapter 421 Contact Information Form
(FOR VVA CHAPTER 421 MEMBERS ONLY - PLEASE PRINT CLEARLY)

* Denotes required information

* **NAME:**

ADDRESS:

City:

State:

Zip:

* **EMAIL ADDRESS:**

HOME PHONE:

CELL PHONE:

YEARS OF MILITARY SERVICE:

**MILITARY
SERVICE**

**(year, location,
units):**

Would you like text message notification on your cell phone ONLY for important messages and announcements such as meeting cancellations, wakes, etc?	Yes	No	N/A
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Would you like your email address published on Chapter 421's website?	Yes	No	N/A
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Would you like your address published on Chapter 421's website?	Yes	No	N/A
-----------------------------------------------------------------	-----	----	-----

Would you like your home phone published on Chapter 421's website?	Yes	No	N/A
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Would you like your cell phone published on Chapter 421's website?	Yes	No	N/A
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Would you like your military service information published on Chapter 421's website?	Yes	No	N/A
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* _____

Signature

Date

NOTE: Submit this form to Chapter 421's Webmaster

VVA Chapter 421