

# VSA Membership

Full Name	
Phone Number	
Email Address	
Other Contact info	

<b><u>Veteran Status (Please circle one)</u></b>			
Veteran	Active Reservist	Dependant	Family Member
None. I just want to participate			

**Please shade in the times you are available for activities**

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8							
9							
10							
11							
12							
1							
2							
3							
4							
5							
6							
7							
8							