

Application for Membership in the DFW Honor Guard



Name: _____

Spouses Name: _____

Street: _____

City: _____ State: TEXAS

Zip: _____ E-Mail Address: _____

Gender: _____

Home Telephone: (____) _____

Cell Phone: (____) _____

Work Telephone: (____) _____

Date of Birth: ____/____/____

Branch of Military Service: _____ Years of Service: ____

Current status: __ Retired __ Separated __ Active __ Reserve

Date of Enlistment/Commissioning: ____/____/____

Date of Discharge/Separation/Retirement: ____/____/____ Final Rank _____

I hereby apply for membership in the **DFW Honor Guard**. I certify that I have served in the Armed Forces of the United States for not less than 90 days, that the character of my service has been honorable, and if discharged, I am in receipt of an Honorable Discharge. A copy of my DD-214 or retirement orders must be attached to this application.

Applicant: _____ Date: _____

Mail application and copy of DD-214/retirement orders to:

DFW Honor Guard
Att: Bill Martin
9521 Highland View Dr..
Dallas, TX 75238