**Application for Membership:**

**“Service to the Armed Forces: Our Legacy Continues”**

**Please complete and email to** **SAFLegacy@redcross.org**

**Or mail to:**

**American Red Cross – SAF Legacy**

**Service to the Armed Forces**

**430 17th Street NW**

**Washington, DC 20006**

**Today’s Date:**

|  |  |
| --- | --- |
| **Full Name (including maiden name) of SAF Legacy Membership Applicant** |  |
| **Date/Place of Birth; and Date/Place of Death (If applicable)** |  |
| **Form completed by (if other than above):** |  |
| **Home Address of applicant or individual completing this form.** |  |
| **Phone Numbers (Home, Work, Cell)** |  |
| **Email (Personal and Business)** |  |
| **ARC Region or Division Location where You Currently Reside** |  |
| **Deployed to (Dates, Locations, names of operations, i.e., WWI, WWII, Korea, Vietnam, Bosnia, Kosovo, Kuwait, Iraq, etc.)** |  |
| **Most memorable experience during the deployment(s)** |  |
| **Relatives who served with the American Red Cross? If so what did they do? Where? When?** |  |
| **Were you or any of your relatives a Red Cross nurse? (Y/N) If so, please provide the name(s), dates of service, badge #, and overseas assignment (if relevant) for yourself and your relatives.** |  |
| **Additional information you wish to share** |  |