



## Organizational Contact AFF FORM 3

\* Required

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_  
Phone#\* \_\_\_\_\_ Email\* \_\_\_\_\_  
Address \* \_\_\_\_\_  
City\* \_\_\_\_\_ State\* \_\_\_\_\_  
Zip Code\* \_\_\_\_\_ Country\* \_\_\_\_\_

**1. AFF Status (please only circle ONE that applies best to you)\***

- a. Active Duty / NGB / Reserve
- b. Retired
- c. Honorable Discharge
- d. Volunteer
- e. Other (Please explain online provided) \_\_\_\_\_

**2. Service-Connected Disability\* (Circle one)**

- a. Yes
- b. No

**3. What AFF Programs or activities that you are interested in \* (Circle all that apply to you)?**

- a. Hiking Trails
- b. Mountain Biking (MTB)
- c. Road Cycling
- d. Hunting
- e. Fishing
- f. Kayaking
- g. Golf
- h. General Information

**4. T-Shirt Size \* (Circle One)**

- a. XS, S, M, L, XL, 2XL, 3XL, 4XL, 5XL

**5. Are you willing to volunteer at AFF fund raisers. \* (Circle One)**

- a. YES
- b. NO

Sign\* \_\_\_\_\_ Date\* \_\_\_\_\_

**PLEASE CHECK ALL YOUR INFORMATION BEFORE SUBMITTING**

**Packet checklist to join the Arkansas Freedom Fund**

- \_\_\_\_\_ **AFF FORM 1 (Cycling Program Agreement AFF FORM 1)**
- \_\_\_\_\_ **AFF FORM 2 (General Waiver & Permission AFF FORM 2)**
- AFF FORM 3 (Organizational Contact)**
- \_\_\_\_\_ **DD214 or NGB22 (Service Verification)**