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. Scuba Diving
   h. Martial Arts
   i. Golf
   j. General Information
   k. Event Volunteer

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