



AMERICAN VETERANS UNITED, INC. MEMBER QUESTIONNAIRE

Please fill out this questionnaire with any information you would like to share with your fellow AVU members. This info will be posted on our membership pages on the AVUinc.org website. Let's get involved! **PLEASE PRINT!** Check the box next to any info you DO NOT wish to share online.

NAME _____

AVU # ____ If you are unsure of your # or a new member please use 000 Non Vet Members use 0000.

EMAIL _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PREFERRED PHONE # _____ - _____ - _____

BRANCH of SERVICE: ___ AIR FORCE ___ ARMY ___ MARINES ___ NAVY ___ COAST GUARD
___ NATIONAL GUARD Please check all that apply.

YEARS SERVED _____

COMBAT THEATER/ERA: ___ VIETNAM ___ AFGHANISTAN ___ IRAQ ___ GULF WAR
___ KOREAN WAR ___ WWII ___ OTHER _____

Please check all that apply.

DUTY LOCATION etc. _____

If you need more room feel free to use the back of this page.

ABOUT YOU: _____

Please use this area to share a little about yourself. You may include any information you would like to appear on the AVU member page: Family, Occupation, Hobbies, Interests, Etc.

If you need more room please feel free to use the back of this page.

Please mail to:

AVU Inc. PO BOX 249 Moorpark, CA 93020

Or scan & email to: avuweb@gmail.com

If you have pictures you would like to share email them to: avuweb@gmail.com