Join the Hero Registry

To qualify for membership in Operation Injured Soldiers you must meet ONE of the following criteria:



★ You were injured during your military service and have a 30% or higher disability rating with an honorable discharge.
★ You saw combat and do not have a disability rating with an honorable discharge.

Name			
Phone	Email		
Address	City	State	Zip
Date of Birth	Gender: O Male O Fer	male	
Branch of Service: O Air Force O Army O Coas	st Guard O Marines O Navy	Rank	
Please indicate if you are: O Active Duty O R	Reservist O National Guard		
Have you received any exmplary medals aside fro	m standard issue? (ie. Purple I	Heart, Bronze Star, E	Etc.)
What theaters/conflicts did you serve in?			
Disability Rating: Describe	e your injury:		
Did you have a traumatic brain injury? O Yes	D No Do you have post tra	umatic stress disorc	ler? O Yes O No
Do you need a wheelchair? O Yes O No Oth	her disability?		
Please check activities you are interested in:			
O Hunting O Fishing O Car Races O Sporti	ng Events O Sky Diving O	Other	

All forms submitted for consideration must be verified by your respective military GSO and the DOD. We will need a copy of your DD214 and/or VA Letter to complete your registration. All information provided is strictly confidential and will only be shared with your permission with authorized OIS partners and organizations that wish to help. Once submitted, we will verify your information and contact you regarding your acceptance to the program.

Veteran Signature: _____

Date: _____

OPERATION INJURED SOLDIERS

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