



## Applicant Information

Full Name

Date of Birth

Street Address

City

State

ZIP

Cell Phone

Home Phone

Email Address

Date Commissioned

Commissioning Governor

## Chapter Participation

Are you a member of any other Kentucky Colonels Chapter?

Yes

No

If yes, which chapter(s)?

Are you interested in serving on the Board?

Yes

No

Maybe

Are you interested in serving on a committee?

Yes

No

Maybe

Do you have specific talents, skills, or abilities that may help the Chapter?

Yes

No

If yes, please describe:



### Organizations and Service

Do you belong to other organizations, clubs, or fraternal groups?

Yes     No

If yes, which organization(s)?

### Military Service

Yes     No     Veteran     Active     Reserves     Combat

Branch

What information are you willing to share with other Colonels in this chapter? Name, email, other?

Is there any additional information you wish to add?

Might you know other Colonels who may be interested in hearing about or from this Chapter?

Applicant Signature

Date