



**Suquamish Warriors
Membership Application**

Date Submitted ____/____/____

Suquamish Warriors Sponsor _____

Name _____ Phone _____ Cell _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Branch of Service _____ Dates of Service from _____ to _____

Do you have a copy of your DD 214/ Certificate of Service? Y ___ N ___

If not, do you need assistance to obtain a copy of your DD 214/ Certificate of Service? Y ___ N ___

Are you a Suquamish Tribal Member? Y ___ N ___ Descendant Y ___ N ___

Are you affiliated with another Native American Tribe Y ___ N ___ Tribe _____

What is your affiliation with the Suquamish Tribe? (Spouse/Other Relative/Employee/Community Member/Other Tribe).

Do you Live in Kitsap County, Usual and Accustom Area of the Suquamish Tribe? Y _____ N _____

Are you enrolled in the Puget Sound VA Medical Center (Seattle/American Lake/ Bremerton CBOC)? Y ___ N ___

Do you have a Service Connected disability? Y ___ N _____. If so, have you ever filed for benefits Y ___ N ___

Do you need assistance in filing a VA Claim? Y ___ N ___

Do you to participate in the Suquamish Warriors Honor Guard/ Color Guard? Y ___ N ___

Mission Statement

The Suquamish Warriors are a group made up of Veterans with Honorable Discharges or General Discharges, Under Honorable Conditions; that are Suquamish Tribal Members, or have a direct affiliation with the Suquamish Tribe. We are officially a part of the Suquamish Tribe, and we are a pro military Native American oriented organization. We support the United States Commander in Chief and the Armed Forces of the United States. The Suquamish Warriors purpose is to support Veterans by promoting the public's visibility of the organization, its programs, and support and assist the families of all Veterans.