

Sponsor's Information

First Name: _____ Last Name: _____

Birthdate (mm/dd/yyyy): _____ Gender: Male Female Other

Mobile Number: _____ DEROS (yyyy mm): _____

Email: _____ Organization/Unit: _____

APO Address: _____

City: _____ State: _____ Zip Code: _____

Rank:

- E1-E4
- E5-E6
- E7-E9
- W1-W5
- O1-O3
- O4-O6
- O7-O10
- Civilian Employee
- Contractor
- Retiree
- Veteran
- Local National
- Other

Service Branch Affiliation:

- Air Force
- Army
- Coast Guard
- Marines
- Navy
- NATO
- Space Force
- DODEA
- DECA
- AAFES
- DLA
- Other

Sponsor Status:

- Active Duty
- Contractor
- Dependant
- DOD Civilian Employee
- Local National
- National Guard
- NATO
- Other
- Reserve
- Retiree
- Single Airman
- Veteran with Base Access

Family Member's Information

First Name: _____ Last Name: _____

Birthdate (mm/dd/yyyy): _____ Gender: Male Female Other

Family Member Status:

- | | | |
|--|---|---|
| <input type="checkbox"/> Active Duty | <input type="checkbox"/> Local National | <input type="checkbox"/> Reserve |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> National Guard | <input type="checkbox"/> Retiree |
| <input type="checkbox"/> Dependant | <input type="checkbox"/> NATO | <input type="checkbox"/> Single Airman |
| <input type="checkbox"/> DOD Civilian Employee | <input type="checkbox"/> Other | <input type="checkbox"/> Veteran with Base Access |

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| <input type="checkbox"/> Dependant | <input type="checkbox"/> NATO | <input type="checkbox"/> Single Airman |
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