



# SCI Detroit Veterans Program

**Name:** \_\_\_\_\_ **Branch of Service:** \_\_\_\_\_  
(as it appears on military records)

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Are you a member of SCI?** \_\_\_\_\_ **If so, Membership Type** (Annual, Life, etc): \_\_\_\_\_

**Are you a member of an SCI Chapter?** \_\_\_\_\_ **If so, which one** \_\_\_\_\_

**Active/Discharged** \_\_\_\_\_ **If Discharged, Status of Discharge:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_ **Dates of Service:** from \_\_\_\_\_ to \_\_\_\_\_  
(for non-U.S. Veterans)

**Highest Rank:** \_\_\_\_\_ **Military Unit or Vessel:** \_\_\_\_\_

**Theater(s) Of Operation:** \_\_\_\_\_

**Major Battle, Campaigns, Decorations, Citations, memorable experiences:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Injured/wounded in or in support of Operation?** \_\_\_\_\_ **Recipient of Purple Heart?** \_\_\_\_\_

**Briefly please describe applicant's physical disability/extent of disability** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I certify that the information given on this application is true and accurate:*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_