



Military Discount Master Form

Last Name: _____

Active or Veteran (circle one)

Military Expiration Date: _____
 (Expiration for Drivers License or Veteran ID Card)

Email Address: _____

Address: _____

City/State/Zip: _____

Primary Phone: _____

Please Circle the Type of Verification:			
Drivers License (All Applicants)	DD214 Form (Veteran)	DD257A Form (Veteran)	DD256 Form (Veteran)
NGB22 Form (Veteran)	Veteran ID Card (Veteran)	Common Access Card (Active)	

Please Complete the Information Below

Household Members	First Name	M/F	Birth Date (Month/Day/Year)	Age	Grade	Last Name if Different	List address here if child resides elsewhere
Primary Guardian							
Secondary Guardian							
Legal Guardian							
Child							
Child							
Child							
Child							

For Office Use Only	
Initials	Date