

Application for membership
TGBA, Inc.

YES! I'm applying for membership in TGBA. I meet the following criteria for membership:

I am a current member of Chapter LX, Special Forces Association.

OR

I am U.S. Army Special Forces qualified and I maintain a permanent residence in the State of Florida in either Hillsborough, Pinellas, Pasco, Hernando, Citrus, Sumpter, Lake, Polk, Hardee, DeSoto, Manatee or Sarasota county.

OR

I qualify as a war veteran according to IRS definition because I served honorably in the Armed Forces of the United States during a period of war as indicated below:

Aug 2, 1990 until a date yet to be determined

Aug 5, 1964 through May 7, 1975

June 27, 1950 through Jan 31, 1955

Dec 7, 1941 through Dec 31, 1946

Apr 6, 1917 through Nov 11, 1918

Apr 21, 1898 through Jul 4, 1902

Name: _____

Address: _____

Phone: _____

Email: _____

REQUIRED. I have filled out Section I and paragraph 3 of Section III of the attached SF 180 and signed the form to authorize TGBA to verify my military service.

Signature: _____

Mail this application form and the attached SF 180 to TGBA, Inc., ATTN: Membership, P.O. Box 6515, MacDill AFB, FL 33608.

REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type. If you need more space, use plain paper.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)		2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH		
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)						
5. SERVICE, PAST AND PRESENT	BRANCH OF SERVICE	DATES OF SERVICE		CHECK ONE		SERVICE NUMBER DURING THIS PERIOD (If unknown, write "unknown")
		DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	
a. ACTIVE SERVICE						
b. RESERVE SERVICE						
c. NATIONAL GUARD						
6. IS THIS PERSON DECEASED? If "YES" enter the date of death.			7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?			
<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES _____			<input type="checkbox"/> NO <input type="checkbox"/> YES			

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. **REPORT OF SEPARATION** (DD Form 214 or equivalent). This contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year that a Report of Separation was issued, for which you need a copy.

An UNDELETED Report of Separation is requested for the year(s) _____

This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

A DELETED Report of Separation is requested for the year(s) _____

The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

2. **OTHER INFORMATION AND/OR DOCUMENTS REQUESTED** _____

3. **PURPOSE** (Optional - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.) Verify military service

as proof of eligibility to join T.G.B.A., a 501(c)(19) fraternal veterans organization.

SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER IS:**

Military service member or veteran identified in Section I, above
 Next of kin of deceased veteran _____ (relation)

Legal guardian (must submit copy of court appointment)
 Other (specify) _____

2. **SEND INFORMATION/DOCUMENTS TO:**
(Please print or type. See item 3 on accompanying instructions.)

3. **AUTHORIZATION SIGNATURE REQUIRED** (See item 2 on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

T.G.B.A. Inc
Name
P.O. Box 6515
Street Apt.
MacDill AFB, FL 33608
City State Zip Code

Signature of requester (Please do not print.)
()
Date of this request Daytime phone
Email address