



**TOMBSTONE AZ POST24** 

## **APPLICATION: LEGION OF THE SILVER ROSE**

NAME				
PL	EASE PRINT NAME AS	YOU WANT IT WRITT	EN ON THE AWARD	
RANK		BRANCH OF SERVICE		
ADDRESS				
CITY		STATE	ZIP CODE	
PHONE#		ALTERNATE#		
EMAIL ADDRI	ESS	D 4a		
	IF APPLICANT IS DECE	ASED PLEASE FILL OU	IT THIS PORTION	
YOUR NAME				
RELATIONSHI	P			
ADDRESS	4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8			
CITY		STATE	ZIPCODE	
	PHONE#	577 AL ST		

You must include copies of form <u>DD214</u> and any <u>Medical Records</u> showing AGENT ORANGE related sickness or Cancer. If applicant is deceased please enclose a copy of the Death Certificate

This information is critical in preparing this award. The application will not be processed without this information

## MAIL TO:

LEGION OF THE SILVER ROSE

NATIONAL DIRECTOR RON HEILMAN 1989 W DRAGOON RD COCHISE, AZ 85606 1-520-370-8340 OR EMAIL tombstonelsr@yahoo.com

OR

DIRECTOR DAVID LEGAT 6318 E BOOTHWYN ST PRESCOTT VALLEY AZ 86314 1-951-834-3471 OR EMAIL dlegat@yahoo.com

OR

DIRECTOR TONY PISATURO 3084 W 14<sup>TH</sup> AVE APACHE JCT ARIZONA 85120 1-480-233-2280 OR EMAIL Lpisaturo2012@gmail.com