

Tampa Green Beret Association (T.G.B.A), Incorporated
Application for Membership

- ☐ **YES!** I'm applying to become a member of T.G.B.A. I meet the following criteria for membership:
- ☐ I am a current member in good standing in Chapter LX of the SFA 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 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.
- ☐ I qualify as a War Veteran according to IRS definitions because I have served in the Armed Forces of the United States during a period of war as indicated below:
- ☐ April 21, 1898, through July 4, 1902;
 - ☐ April 6, 1917, through November 11, 1918;
 - ☐ December 7, 1941, through December 31, 1946;
 - ☐ June 27, 1950, through January 31, 1955;
 - ☐ August 5, 1964, through May 7, 1975; and
 - ☐ August 2, 1990, and ending on a date yet to be determined.

Name: _____

Address: _____

Telephone: _____

Email: _____

- ☐ **REQUIRED** I have filled out Section I and paragraph 3 of Section III of the attached SF 180 and signed the form to enable T.G.B.A. to verify my military service.

Signature _____

Mail this application form and the attached SF 180 to T.G.B.A., 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.)					
		DATES OF SERVICE		CHECK ONE		SERVICE NUMBER DURING THIS PERIOD	
BRANCH OF SERVICE		DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	(If unknown, write "unknown")	
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.)

T.G.B.A. Inc

Name

P.O. Box 6515

Street

Apt.

MacDill AFB, FL 33608

City

State

Zip Code

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.

Signature of requester (Please do not print.)

Date of this request

() Daytime phone

Email address