

Wounded Warriors United Of Wisconsin

Veteran Participation Application

Name _____

Address _____

City/State/Zip _____

Phone Number (_____) _____ Cell (_____) _____

Email Address: _____@_____

*We do not sell or give out your email address to anyone. It is only used to communicate with you via Email and our newsletters.

United States Military ID # _____

Branch of Service: _____

Special Equipment Needs:

Are you interested in (check all that apply)

___ Hunting Event

___ Fishing Event

___ Volunteer to help with fundraising

Are you a member of any other military service organizations? If yes, who? (optional)

Any comments? Please note below. We will be in contact with you shortly!

Mailing Address - WWU of WI – 2223 E Apple Creek Rd – Appleton WI 54913