



Junior Buffalo Soldier – Membership Application

Date: _____

Name: _____ Age: _____ DOB: _____

Address: _____

City/State/Zip: _____

Relatives in Service (past-present/relationship): _____

PARENT/GUARIAN INFORMATION

Parent(s) or Guardian: _____

Phone: Home: _____ Work: _____ Cell: _____

Parent(s) or Guardian Signature: _____

Parent(s) or Guardian (Print): _____

EMERGENCY INFORMATION

Contact Person (+ Relationship): _____

Emergency Phone Number: _____

Note any physical or medical conditions/limitations:

SCHOOL INFORMATION

School Attending: _____ Grade/GPA: _____

Homeroom Teacher: _____

City/County/State: _____

School Phone: _____ Special Classes: _____

Educational Goals: _____