Sponsor's Information

First Name:	Last Name:	Last Name: Gender:		
Birthdate (mm/dd/yyyy): _	Gender			
Mobile Number:	DEROS			
Email:	Organ	Organization/Unit:		
APO Address:				
City:	State:	Zip Code:		
Rank:	Service Branch Affiliation:	Sponsor Status:		
E1-E4	Air Force	Active Duty		
E5-E6	Army	Contractor		
E7-E9	Coast Guard	Dependant		
W1-W5	Marines	DOD Civilian Employee		
01-03	Navy	Local National		
04-06	NATO	National Guard		
07-010	Space Force	NATO		
Civilian Employee	DODEA	Other		
Contractor	DECA	Reserve		
Retiree	AAFES	Retiree		
Veteran	DLA	Single Airman		
Local National	Other	Veteran with Base Access		
Other				

Family Member's Information

First Name:	Last Name: _					
Birthdate (mm/dd/yyyy):	Gender:	□Male	☐ Female	Other		
Family Member Status:						
Active Duty	Local National	Rese	erve			
Contractor	National Guard	Retiree				
Dependant	NATO	Sing	le Airman			
DOD Civilian Employee	Other	Vete	eran with Bas	e Access		
Family Member's Information						
First Name:	Last Name: _					
Birthdate (mm/dd/yyyy):	Gender:	□Male	☐ Female	Other		
Family Member Status:						
Active Duty	Local National	Rese	erve			
Contractor	National Guard	Retir	ree			
Dependant	NATO	Sing	le Airman			
DOD Civilian Employee	Other	Vete	eran with Bas	e Access		
Family Member's Information						
First Name:	Last Name: _					
Birthdate (mm/dd/yyyy):	Gender:	□Male	☐ Female	Other		
Family Member Status:						
Active Duty	Local National	Rese				
Contractor	National Guard	Retir	ree			
Dependant	NATO	Sing	le Airman			
DOD Civilian Employee	Other	Vete	eran with Bas	e Access		