



Student Veterans Organization
University of Arkansas – Fort Smith
Membership Application

Shirt Size _____

Name _____ Student ID @ _____
First MI Last

Home Address _____
Street City State Zip Code

UAFS Email _____@g.uafs.edu Phone _____ - _____ - _____

Veteran? Dependent of a Veteran? Non-Veteran?
Yes Yes Yes
No No No

Branch of Service: _____

Academic Classification: Freshman _____ Sophomore _____ Junior _____ Senior _____ Graduate _____

Please check all areas that interest you:

Leadership Event Coordination
Campus Service Parades
Community Service Public Speaking
Public Relations Web Design/Maintenance
VA Work Study Other

Please specify: _____

I authorize the use of my photograph or video taken during any event related to the Student Veterans Organization to be used for marketing, publicity, and electronic media in support thereof.

I will pay dues of \$10 per academic year to help support the Student Veterans Organization

Applicant's Signature _____

Date _____

PO Box 3649, Fort Smith, Arkansas 72913-3649
Email: svo@uafs.edu Facebook: Student Veterans Organization UAFS
Contact: Dawn Webster, SVO Advisor
Phone: (479) 788-7092 • Fax: (479) 424-6092



Approved Chapter of the
Student Veterans of America

