SNI Veterans Dept. Client Registration

Date

Territory:

- ☐ Cattaraugus
- ☐ Allegany
- ☐ Other

Veteran Information

Name - First Last MI

SNI Enrollment #

Clan

Date of Birth

Branch of Service

Dates of Service

Mailing address

City

State

Zip code

E-Mail

Phone Number

Discharge

- ☐ Retired
- ☐ Honorable
- ☐ Other than honorable

Disabled Veteran?

- ○ Yes

Combat Veteran?

- ○ Yes

Other Registration Details (i.e % Disability, Overseas/Combat Tour)