



Saratoga National Cemetery Honor Guard Association, Inc.

# Membership Application

You can fill out this form online then print the completed form to sign.

You can also download this form and fill it out by hand.

Thank you for your interest in the Honor Guard.

Name  Primary Phone

Address  City, State, Zip

Email  Availability? (volunteer minimum 40hrs/year)  
 Weekly  Other \_\_\_\_\_

Emergency Contact  What day/s of the week are you available?  
 Mon  Tues  Wed  Thur  Fri

Relationship  Which detail are you interested in?  Unsure  
(Check all that apply)

Emergency Phone   Flag  Rifle  Bugler  Color Guard

Have you included your military discharge document?  Yes

Applicant's Signature  Date

*To send by US Post, please submit the signed application including your discharge document, the Qualification to Possess Firearms and the application for voluntary service (VA Form 10-7055) to:*

Saratoga National Cemetery Honor Guard  
200 Duell Rd., Suite 1  
Schuylerville, NY 12871

## Office Use Only

Forms Completed and Signed

Membership Application  Yes

Date Squad Observation: 1st Week \_\_\_\_\_  
2nd Week \_\_\_\_\_

Qualification to Possess Firearms  Yes

Date Joined: \_\_\_\_\_

Military Discharge Document  Yes

Date VA Copy Sent: \_\_\_\_\_

Application for VA Vol Service (VA Form 10-7055)  Yes

Date Uniform Issued: \_\_\_\_\_

Assigned Squad: \_\_\_\_\_

ID Card Issued  Yes