

Application for Enrollment

(Please print clearly)

1.	Name:	
	Date of Birth:	
3.	Address:	
4.	Phone Number:	
5.	E-mail:	
6.	Branch of Service:	
	□ Army	
	□ Marine	
	□ Navy	
	□ Air Force	
	□ Coast Guard	
7.	May we share your e-mail address with other Ve	teran Agencies?
	□ Yes	
	□ No	
8.	How did you hear about this program?	
	□ Family/Friend	□ Participating Business
	□ Social Media	□ One of our offices
	□ Other:	
Please remember to include:		
Photo (can be e-mailed to honorrewards@miottawa.org) Military Discharge Paperwork (DD-214) Completed Application Honor Reward ID cards may take 1 week to process.		

Mail to: Ottawa County Clerk/Register of Deeds, 12220 Fillmore Street, Room 130, West Olive, MI 49460

E-mail to: HonorRewards@miottawa.org