

**ACTIVE MILITARY PERSONNEL  
DISCOUNT REQUEST  
(This is Confidential)**

Application must be accompanied by a copy of your Active Duty Service Identification Card and must be renewed annually.

Applicant Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

List all Immediate Family Dependents	Birthdate (if under 18)
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	

I affirm to the best of my knowledge and belief that the above statements are true.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

I hereby certify that the above family is eligible for the Active Military Personnel Discount of 10% per activity/program (will not exceed \$10.00 per activity or program).

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Application expires on: \_\_\_\_\_