

CAMP ROBINSON WILDLIFE MANAGEMENT PROGRAM
MEMBER APPLICATION FORM

This form must be complete with signatures prior to attending the orientation meeting. Documentation and proof of eligibility will be verified prior to admittance. All information is mandatory. See reverse side for details.

PLEASE PRINT LEGIBLY

NAME: _____ **RANK/GRADE/GS:** _____

CELL PHONE: _____ **WORK PHONE:** _____

EMAIL: _____

Military or AR ARNG email address

ALT EMAIL: _____

Email for CRWMP announcements (must check regularly)

ELIGIBILITY: (MUST PROVIDE VALID ID OR PROOF OF ELIGIBILITY)

Arkansas Army National Guard Arkansas Air National Guard

Full Time Employee of the Arkansas National Guard, Military Department of Arkansas, or the Professional Education Center.

Retiree. Must have retired from one of the above categories and been a member of the CRWMP to be eligible. Unit / Supervisor information is not required.

UNIT / EMPLOYER NAME AND LOCATION: _____

UNIT REP / SUPERVISOR NAME AND PHONE: _____

UNIT REP / SUPERVISOR SIGNATURE: _____

By signing the Unit Representative or Supervisor is verifying that the Service Member or Employee is in good standing with the Arkansas National Guard. For AR ARNG members this means no Administrative Flags, AWOLS, or adverse actions.

APPLICANT SIGNATURE: _____ **DATE:** _____

CRWMP STAFF USE ONLY

CRWMP MEMBER #: _____

RECREATIONAL PASS#: _____

