



For Honor Flight Use Only: Last Name: _____ Date Received: _____
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## APPLICATION FOR WESTERN ND HONOR FLIGHT

\_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME  
\*AS IT APPEARS ON YOUR PHOTO ID\* (this is used for airline purposes)

### SERVICE HISTORY

Which war/conflict/service period are you a Veteran of?  
(Must be WWII, Vietnam, or Korea) \_\_\_\_\_

What years did you serve? \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Nickname: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*If you do not have an email address, provide an email address of a family member\*

Do you use a wheelchair full time? YES or NO

Do you think you may need a wheelchair for this trip for any amount of time? YES or NO

\*Walkers or motorized scooters are not allowed, canes ARE allowed. We will gladly provide you with a wheelchair for any amount of time you need it.

Do you have a **TERMINAL ILLNESS**? YES or NO

Describe your illness: \_\_\_\_\_

PLEASE RETURN COMPLETED APPLICATION TO: Western ND Honor Flight  
P.O. Box 265  
Bismarck, ND 58502

For questions or concerns, please call Dennis at 1-701-220-1568  
Website: [westernndhf.org](http://westernndhf.org)  
Email: [info@westernndhf.org](mailto:info@westernndhf.org)  
Facebook: Western ND Honor Flight