

ASSEMBLYMAN MICHAEL SIMANOWITZ & QUEENS CHAMBER OF COMMERCE

★★★ QUEENS ★★★ **VETERANS** DISCOUNT PROGRAM

VETERAN CARD APPLICATION

**Please complete this application and present or send to
Assemblyman Simanowitz's Office with a copy of your
DD-214 discharge papers or Valid Military I.D.**

| | |
|-----------------------------|---|
| <i>Please Print:</i> | |
| Last Name: | |
| First Name: | |
| Branch of Service: | |
| Address: | |
| City: | |
| State: | |
| Zip Code: | |
| Phone: | |
| Date of Birth: | |
| Sex: | <input type="checkbox"/> Male <input type="checkbox"/> Female |

Would you like to be added to our veterans email group? Yes No

Email: _____

Signature: _____

FOR OFFICE USE ONLY

DD214

ID Card

Authorized by: _____

Return to:
Assemblyman Michael Simanowitz
159-06 71 Avenue
Flushing, NY 11365