

**FORT HOOD HUNTING & FISHING ADVISORY COUNCIL MEMBER  
APPLICATION**

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Thank you for your interest in becoming a member of the advisory council. The Fort Hood Hunting and Fishing Advisory Council's purpose is to provide the highest quality hunting and fishing experience for its patrons and eligible users, and to provide a hunting and fishing program which is civic, social, and an economic asset to the Fort Hood community.

Applications must be complete. Incomplete applications will not be processed. Please write legibly.

I request to be considered for a seat on the Fort Hood Hunting & Fishing Advisory Council. Any citation/summons of Fort Hood, State, or Federal hunting and fishing regulations will mean automatic disapproval of this application.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Please check what seat you are applying for:

\_\_\_\_ Active Duty Chairperson: Rank \_\_\_\_\_ Unit: \_\_\_\_\_

\_\_\_\_ Active Duty Officer: Rank \_\_\_\_\_ Unit: \_\_\_\_\_

\_\_\_\_ Active Duty Senior Enlisted: Rank \_\_\_\_\_ Unit: \_\_\_\_\_

\_\_\_\_ Active Duty Enlisted: Rank \_\_\_\_\_ Unit: \_\_\_\_\_

\_\_\_\_ Retired Military Service Member: Rank at Retirement: \_\_\_\_\_

\_\_\_\_ DOD Civilian: Grade: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

**I expressly agree that my services are performed gratuitously.**

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Game Warden Check: \_\_\_\_\_ Date: \_\_\_\_\_ GO \_\_\_\_ NO-GO \_\_\_\_

**Return completed application to the Sportsmen's Center  
or email to [judy.johnson5.naf@mail.mil](mailto:judy.johnson5.naf@mail.mil)**