

## Registration

**Date of Birth** *required*

Month  Day  Year

**First Name** *required*

ALPHA

**Middle Name**

**Last Name** *required*

BRAVO

**Suffix**

Enter a value

**Phone Number** *required*

Enter a value (ex: 555-555-5555)

**City** *required*

Enter a value

**State** *required*

Select a value

**Postal Code** *required*

Enter a value (ex: 46032)

**Country** *required*

United States

**Citizenship** *required*

Select a value

**Are you an active U.S. military member, a dependent of an active U.S. military member, a U.S. military retiree, a DoD civilian, or a DHS Civilian?** *required*

Yes  No