



Virtual PIN Request Form

PLEASE COMPLETE ALL FIELDS WITHIN THIS FORM. IF ALL INFORMATION IS NOT PROVIDED, WE MAY NOT BE ABLE TO FULFILL YOUR REQUEST. IF YOU HAVE QUESTIONS, E-MAIL UPLINK@VFW.ORG OR CALL (816) 756-3390. FAX (816) 968-2779

INFORMATION ABOUT YOU		
*Date:	Post/Aux (if applicable)	
*Rank/Title: (Mr/Mrs/Sgt)	*First Name:	*Last Name:
*Address:	*City/State/Zip:	
*Phone Number:	*Email Address:	
*Military Branch: (Army/Navy/etc.)	Installation:	Unit:
From what country or ship will calls be made? (<i>EX: US, Germany, Iraq, aboard USS Nemetz, etc.</i>)		
*Who will receive the virtual PIN(s)? (<i>Please provide name of the VA facility or military unit</i>)		
*Will the person or unit receiving the virtual PIN(s) have access to a MWR Internet Café in Iraq/Afghanistan/Kuwait? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*Number of virtual PINs requested: (<i>please limit to 1 PIN per person</i>)		
SHIP TO ADDRESS, IF DIFFERENT THAN YOUR ADDRESS		
Post/Aux (if applicable)		
*Rank/Title:	*First Name:	*Last Name:
*Address:	*City/State/Zip:	
*Phone Number:	*Email Address:	
*Military Branch: (Army/Navy/etc.)	Installation:	Unit:

Fields marked with an asterisk (*) are mandatory.