

Registration Form for ASOP Military Members Only

Name _____ Date _____

Home Address _____

City _____ ST _____ ZIP _____

Home Tel _____ Cell# _____

*Military Email _____

Rank _____ Military ID# _____

Name of Commanding or Supervising Officer

_____ Tel# _____

Military Unit _____

Address _____ ST _____ ZIP _____

Tel# _____ Fax# _____

FAX to 727-231-8385

Or

Scan to asop.charles@gmail.com

ASOP

700 Beach Drive NE,

Suite 103

St. Petersburg, FL 33701