**Society of Air Force Nurses, Inc.**

**Outreach Committee**

**To Be Remembered List**

**Intake Form**

1. Member’s Name: Date:

2. Current Address:

3. Temporary Addresses (Hospital, Rehab etc.):

4. Region:

5. Person who notified the Regional Outreach Coordinator and contact information:

6. Reason for request and estimated length of time on the TBR list.

7. Details member would like to be shared with SAFN membership:

8. What member would like in terms of Outreach (prayers, cards, calls):

9. Verbal permission to add name on Outreach:

10. Next of Kin or Contact Person:

(30 August 2019)