

**BROTHERHOOD OF ST. ANDREW
LIST OF MILITARY PERSONNEL**

Brotherhood member: _____

Chapter no. or Church: _____

City and State of Chapter or Church: _____

Name of service man/woman: _____

Relationship to chapter member: _____

He/she is stationed at: _____

Mailing address: _____

His/her tour of duty ends: _____

Please print clearly and return the form to:
Brotherhood of St. Andrew
P. O. Box 632
Ambridge, PA 15003-0632