



# TEAM CHARLESTON HONORARY COMMANDER PROGRAM APPLICATION FORM

**Questions?  
Contact us at  
628.abw.pa@us.af.mil  
843-963-5608**

Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Curent Professional Position: \_\_\_\_\_

Business: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_ (City) (State) (Zip Code)

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Address, City, State, Zip Code)

If selected, do you consent to the publication of your name, business, position, business phone and E-mail address in the Joint Base Charleston Honorary Commanders Directory (an internal document)?

Yes                  No

If selected, do you consent to the use of your photo, name, business, likeness, and position in media, such as websites and social media posts, that promotes the Joint Base Charleston Honnorary Commander program?

Yes                  No

Describe briefly why you would like to participate in the Joint Base Charleston Honorary Commander Program.

List any existing personal or professional relationships or partnerships you have with Joint Base Charleston, the Department of Defense, or foreign governmental agencies.

Provide a biography in the box bellow (you may also attach your biography as a separate document).

Include a head-shot of yourself when submitting this document.