



**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.
