



## Application for an Angel Bike

**Apply only if you are a veteran, reservist or on active duty in the United States Armed Forces!**

**Air Force, Army, Coast Guard, Marines or Navy**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip Code: \_\_\_\_\_

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

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

Date of birth: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Dates of military service: \_\_\_\_\_

Are you currently on active duty: \_\_\_ Yes \_\_\_ No

Date of Honorable Discharge from U.S. military service: \_\_\_\_\_

Nearest Veterans Organization: \_\_\_\_\_

Such as: American Legion, V.F.W., Marine Corps League, etc. Include Post or Chapter number and name as well as the town it is located in.

What percentage of disability has the Veterans Administration approved : \_\_\_\_\_

Please attach a copy of your DD-214.

Which Angel Bike you believe would best suit you?

A. Hand Cycle - Three-wheeled: \_\_\_\_\_

B. Recumbent Trike - Three wheeled: \_\_\_\_\_

C. Tandem Bike - A bicycle ridden by two people. FOR BLIND VETERANS ONLY: \_\_\_\_\_

In the space below tell us about yourself and details regarding your disability. Explain why you would want, need and benefit from having an Angel Bike and why the Angel Bike you have chosen best fits your needs. If need be attached additional pages.

Would you be interested in participating in Cycling Events that might also include other disabled military veterans? Yes \_\_\_\_\_ No \_\_\_\_\_

This and your other documentation can be scanned and sent to: [angelbikesinfo@gmail.com](mailto:angelbikesinfo@gmail.com) or mailed to: Angel Bikes, Inc. - P.O. Box 572 - Farmingville, New York 11738.

