



U.S. Army Wounded Warriors Program  
Community Support Network Registration

Name of Organization:

Primary Point of Contact (to receive communication from AW2, including email):

Title:  Phone:

Email:

Mailing Address:

City:  State:  Zip:

Web site:

*(Please list the link you would like posted on the AW2 Web site, [www.AW2.army.mil](http://www.AW2.army.mil))*

Type of services your organization offers wounded warriors and/or Family members (check all that apply):

- Supporter List
- Adaptive Materials
- Adaptive Sports and Recreational Services
- Assistance with Federal Benefits
- Care Packages, Letters and Messages, and Moral Support
- Career Training, Education, Human Resources Support, and Employment Opportunities
- Financial Counseling
- Financial Support
- Housing Assistance
- Interactive Communications Forums
- Legal Services
- Mental Wellness and Counseling
- Physical Rehabilitative Support
- Resource Databases
- Retirement and Transition
- Service Dog Organizations
- Services for Families, Children, and Caregivers
- State Veterans Programs
- Travel Support
- Other (Please specify)



**Web site content:** AW2 will post the link to your Web site on [www.AW2.Army.mil](http://www.AW2.Army.mil), and AW2 would like to include a brief description of your organization and the services you provide. In the space below, please provide up to 500 characters describing your organization. Please draft this text in third-person.

NOTE: If you do not provide a description of your organization, AW2 Strategic Communications will draft a description for you, based on information from your Web site. AW2 Strategic Communications reserves the right to edit this material for grammar, style, and appropriate content.

**Questions:** Contact the AW2 Community Support Network Coordinator, at (703) 428-8347 or [AW2CommunitySupportNetwork@conus.army.mil](mailto:AW2CommunitySupportNetwork@conus.army.mil).

**Terms and Conditions:** Participation in the AW2 Community Support Network is strictly voluntary. To be in the AW2 CSN all services to the Community must be freely given or covered by insurance. By submitting this form on behalf of my sponsoring organization, I certify that the information provided above is complete and accurate to the best of my knowledge. I understand that representatives from the U.S. Army Wounded Warrior Program will contact me at the information above with regular electronic and hard-mail updates.

By signing this form, I also understand that participation in the AW2 Community Support Network does not constitute expressed or implied endorsement by AW2, the U.S. Army, or the U.S. Department of Defense or permission to use any of the Army logos. I further understand that AW2 will post the link to my Web site on [www.AW2.Army.mil](http://www.AW2.Army.mil) as a "resource" for severely wounded, injured, and ill AW2 Soldiers, Veterans, and their Family members, but that this still does not constitute expressed or implied endorsement by AW2, the U.S. Army, or the U.S. Department of Defense.

Name of Primary Point of Contact:  Date:

Signature of Primary Point of Contact:

*This form is incomplete without the signed acknowledgement of the terms and conditions.*

**Fax your Registration to: (571) 256-3339**