

# III% Membership Application

All questions must be answered or your application will not be approved

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## Your Contact Information

First Name

Last Name & Date of Birth

Email Address

Phone

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Which position are you applying for?

III% B.OG

III% Support

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Do you have a Drivers license if so please provide your the state and ID number

What Military Branches do you have experience with?

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References

First Name

Last Name

Email Address

Phone

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First Name

Last Name

Email Address

Phone

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First Name

Last Name

Email Address

Phone

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What Military Branches have you served in if any

Do you have military exspericance	Yes	No
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Do you have any disabilities that would prevent you from preforming ANY duties	yes	no
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Have you served your country overseas ?	yes	no
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Have you ever engaged enemy combatants?  
on the field of battle while serving your  
country? if so where and when ?

Height & weight

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Tell us in your own words, what you think about the current political & economical status? ( use back of form to complete your answer )

Are you registered to vote ? if yes please provide proof, black out your party affiliation

yes  
no

Are you a member of,or have you been a member of any groups, militias, III% groups, 1% Groups, ect ? if so which groups and for how long ? state in which your group is in & function

Do you not like or care for any race? I,E. asian, black, latino, white, ect. if so please explain why

Do you own a personal defensive Rifle?

yes  
no

How often do you train with your personal defensive Rifle?

Do you own a personal defensive pistol ?

yes  
no

How often do you train with your personal defensive hand gun ?

Are you certified in firearm safety?

yes  
no

Have you ever attended a firearm safety course ?

yes  
no

Have you ever been the victim of any crime of violence ?

yes  
no

Have you ever been found guilty of a crime of violence ?

yes  
no

Have you ever served the public in an elected office?

yes  
no

Are you currently employed ? if so please provide your employer information and if we may contact them

Do you take any prescription medication for depression, anxiety, or any mental disorders ?      yes  
no

Have you even been involuntarily or voluntarily committed to any psychiatric institution for any period of time      yes  
no

Have you even been diagnosed with any mental disorders?      yes  
no

Do you support the activities of the group called anonymous ?      yes  
no

Have you even been involved with any insurrectionist movements , groups, or persons ? ( I.E.) weather underground if so please explain

Do you feel the Government of the united states has over step restraints as dictated within the constitution?      yes  
no

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By signing , you the applicant , give III% B.O.G authority to contact any and all references , groups, or employers listed on this application, Please sign in the space provided

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Please Mail complete application along with copies of voter registration card with black out party affiliation to

III% B.O.G Membership processing

P.O. BOX 372 Frackville, PA 17931