

# The National Alliance

## APPLICATION FOR MEMBERSHIP

### ELIGIBILITY STATEMENT:

I am a White person of good moral character, with no disqualifying characteristics. I have familiarized myself with the goals and the program of the National Alliance and I am in agreement with them. I want to participate in the Alliance's effort to build a secure and healthy future for my race by becoming a member. I will pay the monthly dues I have indicated below. I am enclosing my first month's dues plus my \$15 application fee.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SELECTION OF MONTHLY DUES LEVEL:

Applicant should indicate his dues level in the space below, in whole dollars, as high as means permit. The monthly minimum is \$10.

A member may elect to pay monthly or for as many months in advance as desired, e.g., on a quarterly basis.

Amount of monthly dues: \$ \_\_\_\_\_ , plus \$15 application fee. TOTAL enclosed: \$ \_\_\_\_\_

May we give your name and address/telephone to a trusted member in your area?

Yes       No

Were you contacted or given information about the National Alliance by a member?

Yes       No

If yes, what is the member's name? \_\_\_\_\_

If no, how did you learn about the National Alliance? \_\_\_\_\_

Your name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of birth \_\_\_\_\_ Sex \_\_\_\_\_ Marital status \_\_\_\_\_

Occupation \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Mail completed application (must include check or money order) to:

NATIONAL ALLIANCE  
PO BOX 90  
HILLSBORO WV 24946