

Membership Questionnaire and Application

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Marital Status: ___ Married ___ Single ___ Divorced ___ Widowed

Religion: _____ Race: _____

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Occupation: _____

How long have you lived at your current residence? _____

Place of Birth: _____

Were your parents born in the United States? _____ If yes, State? _____

What religion are your parents? _____

Highest level of education completed: _____

What other groups or organizations are you currently involved in?

Do you belong to a religious organization? If so, what religion? Where do you worship?

What is your political affiliation?

Do you believe in the principles of pure Americanism?

Do you have any kind of allegiance to any foreign nation, government, institution, sect, people, ruler, or person?

I most solemnly assert and affirm that each question above is truthfully answered by me and in my own handwriting and that my signature below is authentic. I swear that the motive prompting my inquiry into this organization is serious.

Signature of Applicant

Date