

Application for Membership

Full Name: _____
(First, Middle, Last)

Date of Birth: _____

Gender: _____
(There are only two)

Mother's Maiden Name: _____

Driver's License Number: _____

Address: _____
(Street including apt # if applicable)

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Alternate Phone: _____

Email: _____

Are you a Native born, White, Gentile American Citizen? _____
(If 'no' do not apply)

Marital Status: _____
(Single, married, separated, divorced, widowed)

Do you have any adopted children? _____
(If 'yes' state their ethnicity)

Religious Denomination: _____ Are you registered to vote? _____
(State party & or reason(s) for non-registration)

Have you ever been convicted of a crime? _____
(If 'yes' detail separately)

Have you ever been diagnosed with a mental illness of any kind? _____
(If 'yes' detail separately)

Place of Employment: _____

Position/Duties: _____

Are you now, or have you ever been, a member of the Klan or other Organizations? _____
(If 'yes' detail separately)

Are you now, or have you ever worked for any branch of the Civil Service? _____
(If 'yes' detail separately)

Skills, qualities & or resources that may be of use to the East Coast Knights:

_____ Upon approval, I wish to join the East Coast Knights of the True Invisible Empire

_____ I am at least 18 years of age

_____ I have included a copy of my valid driver's license

_____ I have included my \$25 application fee

I swear the information given above is true to the best of my knowledge

(Please sign & date)