



How to join

Print this application form and FAX it to 1-360-506-5172 (if you are using a VISA/MC/AmEx/Discover), or mail it to P.O. Box 400, Onalaska, WA, 98570 with your check or money order for the term of membership you select below. If you have any questions, please call 888-508-3404.

When your application is accepted, you will receive a dozen video lectures and a 332--page book concerning the lawful use of deadly force for self defense, and your Network membership card with after-hours contact information. Additionally, you will become immediately eligible for the member support benefits detailed at armedcitizensnetwork.org/learn/membership-benefits. You will also receive username and password for the member-only elements of the Network website. Please allow seven to ten business days for processing.

We look forward to your participation in the Network as part of a family of armed citizens who passionately care about the right to armed self-defense, and want to protect themselves from the legal nightmare that sometimes accompanies a lawful act of self-defense.

APPLICATION FOR INDIVIDUAL MEMBERSHIP

Full Name _____

Mailing Address _____

City _____

State _____ Zip _____

Phone _____ - _____ - _____

E-mail _____

How did you hear about the Network? _____

APPLICANT'S STATEMENT:

With my signature, I hereby attest that under the laws of the United States of America, I am not legally prohibited from possessing firearms, that I am 18 years of age or older, and that I legally reside in the United States. I understand that any grant of benefits is limited to lawful acts of self defense.

Applicant's Signature

Please Print Name

(1) Additional Household Member Applicant's Signature

Please Print Name

(2) Additional Household Member Applicant's Signature

Please Print Name

MEMBERSHIP FEES

- Individual Membership \$150.00
 - 3-Year Individual Membership \$340.00
 - Each Additional Household Resident per year \$70.00
- Name(s) _____

- Charge my card
- Check enclosed

CREDIT CARD CHARGE AUTHORIZATION

I, _____ hereby
(Clearly print name as it appears on credit card)
authorize Armed Citizens' Legal Defense Network, Inc.
to charge \$ _____
on my VISA / MasterCard / Am Ex / Discover (circle one)

_____/_____/_____/_____
Account Number

Expiration Date ____/____/____ CVV Code ____

Full billing address for credit card account:

(Street Address or Box Number)

(City)

(State and Zip Code)

(Signature authorizing charge)

**Please mail to the Armed Citizens' Legal Defense Network, Inc,
P O Box 400, Onalaska, WA 98570 or fax to 360-506-5172.**