



Recording Number: \_\_\_\_\_

### American State National Credential and Contact Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

[Zip Code]: \_\_\_\_\_ State or Country you were born: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Born on Date: \_\_\_\_\_ Man or Woman (Please circle one)

Please check all that applies:

- American State National
- American State Citizen
- Do you want to share your email with other Assembly members?
- Do you want to share your phone number with other Assembly members?
- Do you work for the municipal or federal government?
- Are you active military?

**Contribution (please circle all that applies)**

**Willing?**

Continental Marshal    Coroner    Coordinator    County Director    Justice    Juror    Marshal at Arms  
 Militia    Notary    PKTF    SIA Coordinator    Outreach Director    Recording Secretary    Sheriff    Treasurer

**Abilities?**

Accounting    Armory    Bookkeeping    Carpentry    Childcare    Computer  
 Programming    Cooking    Dentistry    Electrician    Electronics Repair    Farming    IT    Janitorial    Marketing    Mechanic  
 Medical    Nutrition/Dietary    Organizing    Plumbing    Public Relations    RadioCommunications  
 Construction    Ranching    Record keeping    Sewing    Teaching    Transportation    Woodworking

Red Right Thumbprint

