

Nationalist Coalition

Membership Application

ELIGIBILITY STATEMENT

I am a White person of good moral character*, of entirely European descent, and at least 18 years of age. I believe in the Nationalist Coalition's plan of working to create a better world through racial integrity, racial progress, self-determination, and freedom. I will support the efforts of the Nationalist Coalition by paying my dues and by volunteering my efforts as indicated below to reach other White people with our message. I agree not to suggest or engage in any illegal act.

Furthermore, I will not engage in giving any statements or interviews to any media outlet without prior written approval from an officer of the Nationalist Coalition.

SELECTION OF MONTHLY DUES LEVEL: \$ _____

Please indicate the amount of your monthly donation, as high as your 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 times number of months paid in advance = TOTAL enclosed. There is no application fee.

Monthly Dues (from above): \$ _____
Number of months paid in advance: _____
TOTAL (enclosed): \$ _____

PERSONAL INFORMATION

First Name: _____ **Middle Name:** _____

Last Name: _____ **Telephone:** _____

Street Address: _____

City: _____ **State/Province:** _____

Zip/Postal code: _____ **Email address:** _____

Date of Birth: (month/day/year) _____ / _____ / _____ **Sex:** (circle one) Male / Female

Have you ever been convicted of a felony crime? (circle one) Yes / No

Signature: _____

PERSONAL INFORMATION (continued)

The following questions are optional; however, your answers will help us better utilize our resources. As a prospective member you are encouraged to provide as many responses as you are willing.

How long have you been racially conscious? _____

What is your education level? _____
(i.e.: High School; Technical/Trade School; College/University; Graduate School)

Are you willing to assist the Nationalist Coalition with collaborative projects/tasks? _____ Yes / No

What is your profession? _____
(i.e.: Engineer, Driver, Artist, Laborer, Consultant, Student, etc.)

May we share your name and contact information with a trusted member in your area? _____ Yes / No

Do you wish to be contacted directly by a representative of Nationalist Coalition? _____ Yes / No

What other professions have you held in the past? Please list specific skills that you are willing to volunteer (i.e.: writing, organizing, consulting, legal, accounting, typing, proofreading, etc.):
(continue on another sheet of paper if necessary)

Mail completed application to:

(Must include check, well concealed cash, or money order. Please make checks out to Nationalist Coalition.)

Nationalist Coalition
P.O. Box 7732
St. Petersburg, FL 33734

* Persons of Jewish descent, homosexuals or bisexuals, criminals, persons with a non-White spouse or sexual partner, or persons with more than an undetectable trace of non-White ancestry are explicitly barred from membership.