



Oath Keepers Membership Form

Please Print

Date: _____

Name: _____

Email: _____@_____

Phone: (____) _____ Cell: (____) _____

Address: _____

City: _____ State: _____

Zip: _____ Year first took Oath: _____

Why? _____

Please check all that apply. Give as much or little info as you feel necessary:

Select Type: Military Police Fire-Fighter Citizen or Other

Status: Active Veteran Retired Branch: _____

Unit: _____ Rank: _____

Dept/Agency: _____

Dates of Service: _____

Additional details on service (ie: Reserves, National Guard etc...) _____

ALL: Please give any other details about your status or service you think important:

With what talents would you be able to assist Oath Keepers or want to participate with us? _____

How did you hear about Oath Keepers? _____

Amount Enclosed: \$ _____

A \$30.00 donation will entitle you to Oath Keepers membership and all included benefits. If you can give more, please do.

Make checks payable to:
Oath Keepers

Mail completed form and payment to:
Oath Keepers
1350 E. Flamingo RD. #3301
Las Vegas, NV 89119