

**INTERNATIONAL ANTI-TERROR SCHOOL & ASSOCIATION  
CITIZEN DEFENDER MEMBERSHIP FORM**

Complete this form and send to:

Archangel® Group Ltd.  
P.O. Box 16850  
Golden, CO 80402  
Phone: 303-215-0779  
Fax: 303-215-0780

**Personal Information:**

---

<hr/> <small>Prefix (Mr. / Mrs. / Jr. / Sr. / etc.)</small>	<hr/> <small>First Name</small>	<hr/> <small>Last Name</small>		
<hr/> <small>Street Address</small>	<hr/> <small>City</small>	<hr/> <small>State</small>	<hr/> <small>Country</small>	<hr/> <small>Zip Code</small>
<hr/> <small>Age</small>	<hr/> <small>Occupation</small>	<hr/> <small>Area Code + Phone Number</small>		
<hr/> <small>Email Address</small>				

---

Citizenship:    U.S. Citizen    Citizenship, \_\_\_\_\_

**Membership:**

**Citizen Defender/Operator One Year Membership (\$85.00)**

<b>Member Name</b>	<b>Shirt Size</b>	<b>T-Shirt Color</b>
<hr/>	<small>M-3XL</small>	<small>Blk/Wht</small>
<hr/>	<hr/>	<hr/>

Hobby(ies) or activity(ies) to be reviewed for Citizen Operator Membership:

---

---

Please provide hours committed (per week/month/lifetime), championships, rank, belt or other accomplishments.

---

---

---