

INTERNATIONAL ANTI-TERROR SCHOOL ASSOCIATION PROFESSIONAL OPERATOR 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:

Prefix (Mr. / Mrs. / Jr. / Sr. / etc.)	First Name	Last Name		
Street Address	City	State	Country	Zip Code
Age	Occupation or Prior Service	Area Code + Phone Number		
EmailAddress				

Professional Operator One Year Membership (\$75.00)

Member Name	Shirt Size	T-Shirt Color
	M-3XL	Blk/Wht
_____	_____	_____

Employment information is required for the Professional Operator Membership (Please complete the following)

Law Enforcement or government agency Agency: _____
Rank: _____

Military Branch: _____
Rank: _____

Agency or Branch email: _____

Reference for verification of service: _____

Archangel® Group Ltd. reserves the right to verify the information provided by all Citizen Operator or Professional Operator membership applicants, upon submission or at any time during the membership period. False, erroneous, unverifiable or unverified information may result in the termination of the membership at Archangel® Group's sole, unilateral discretion.