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 Lifetime Membership ($400.00)**

| **Member Name** | **Shirt Size** M-3XL | **T-Shirt Color** Blk/Wht | **Polo Style** AA/IATS | **Polo Color** Blk/Nvy |
|---|---|---|---|---|
| | | | | |

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.*