

“A Well Regulated Militia, Being Necessary To The Security Of A Free State, The Right Of The People To Keep And Bear Arms Shall Not Be Infringed.”

The SECOND AMENDMENT CONSTITUTIONALISTS OF FLORIDA, INC.

A Florida Not-For-Profit Corporation

Membership Application Form

Thank you for your interest in the “Second Amendment Constitutionalists of Florida, Inc.,” your local South Florida grassroots firearms rights organization.

(Please Print Legibly)

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell: (_____) _____

E-Mail: _____ Date of Birth: _____

Who referred you or how did you find out about us?

Please Make Checks Payable To: “SACFLA” or “The Second Amendment Constitutionalists of Florida” Applications and checks may be brought to our next meeting or mailed to the address below. All memberships cover one calendar year and are due in January.

General Membership \$25 (amount): _____

Minuteman/Women Level Membership \$45 (amount): _____

Sons & Daughters of Liberty Level Membership \$85 (amount): _____

Donations are gratefully accepted (amount): _____

Total Amount with this Application: _____

I, the undersigned understand that all SACFLA members are expected to conduct themselves in a polite and courteous manner and support and defend the Constitution of the United States. Those members exhibiting untoward behavior will be asked to surrender their SACFLA membership, and will receive a full refund of their current year’s membership dues.

Applicant’s Signature: _____ Date: _____

Contact Information

PO Box 17335

West Palm Beach, FL 33416-7335

Call David Wood (Treasurer) 561-582-6099 for additional information

Web Site: <http://www.sacfla.org>

