

# Minutemen Midwest

## Membership Application

All information collected will be stored on a secure data base. The information will not be shared with anyone without your written permission. Please type or print **clearly!**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail \_\_\_\_\_ @ \_\_\_\_\_

Military or law enforcement status: Active  Inactive  Retired  – Date: \_\_\_\_\_

If discharged, date of discharge [ \_\_\_\_\_ ] Type [ \_\_\_\_\_ ]

Service ID number [ \_\_\_\_\_ ]

Minuteman Civil Defense Corps card number [ \_\_\_\_\_ ]

If in law enforcement – Municipality, Address, Department, Badge Number:

[ \_\_\_\_\_ ]

[ \_\_\_\_\_ ]

CCW Number: \_\_\_\_\_

The Board of Directors of Minutemen Midwest reserves the right to expel anyone who has joined to promote racist or hateful dialect. We reserve the right to reject any application or member for any reason. To obtain membership, a security background check may be required.

I hereby authorize Minutemen Midwest to use any consumer reporting agency, credit bureau or other investigative agencies employed by such to investigate the references herein listed or statement or other data obtained from me or from any other person pertaining to my employment history, character, general reputation, personal characteristics and mode of living, to obtain a criminal background check and such other information which may result thereby, and to disclose and furnish such information to the Minutemen Midwest in support of my Application. I have been advised that I have the right, under Section 606B of the Fair Credit Reporting Act, to make a written request, within reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation. I/We will convey the importance of confidentiality to the recipient of the report and I/We release NCS Credit Bureau Corp. from any liability arising from the recipient's misuse of the report.

I accept the terms stated above and will abide by the established by-laws of this organization. Copies of by-laws available by request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Enclose Membership fee of \$45.00 if required and send to: Minutemen Midwest  
P.O. Box 10,  
Harvard, IL 60033

Notes: \_\_\_\_\_

Membership Card number issued - \_\_\_\_\_

Email: [minutemenmidwest@hughes.net](mailto:minutemenmidwest@hughes.net)