



# Application for Membership

Group Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address #2: \_\_\_\_\_  
State: \_\_\_\_\_  
  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_

Membership Type:	
Informational:	_____
Individual Resource:	_____
Probationary Group:	_____

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## Applying Group Information:

Sponsoring Group: \_\_\_\_\_  
Sponsoring Delegate Signature: \_\_\_\_\_  
Group Type (GSAR, Dog....) \_\_\_\_\_  
Number of members: \_\_\_\_\_  
Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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<b>PSARC Use Only:</b>	
Date Received: _____	501(c)3 Provided: _____
Date Accepted: _____	Ethics Protocol Provided: _____
Date Converted: _____	Background Check Protocol Provided: _____
Date Terminated: _____	
Additional Information: _____ _____ _____ _____	