

# Central Florida - Committee of Safety

Request to be considered a participant

Name: \_\_\_\_\_ (is this your real name? Yes \_\_\_ No \_\_\_)

Address:(optional) \_\_\_\_\_

City: \_\_\_\_\_ County(mandatory): \_\_\_\_\_

State (mandatory): \_\_\_\_\_ Postal Zone: \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(NOTE: address is required to receive mailings, phone number is required to be called with meeting or other information, fax number if you desire to be on the fax network)

Are you aware that there are at least two classes of citizen in this nation? (i.e. US

citizen; Citizen of the United States; state sovereign Citizen) Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered NO to the above question, you are not eligible to participate in the Committee of Safety

Are you now, or have you ever been:

1. a banker (officer of any financial institution)? Yes \_\_\_\_\_ No \_\_\_\_\_

2. a bar attorney (member of the ABA)? Yes \_\_\_\_\_ No \_\_\_\_\_

3. a law enforcement officer (federal, state or local)? Yes \_\_\_\_\_ No \_\_\_\_\_

(NOTE: If you have answered YES to any of the above three questions, you are not able to attend or participate in the Committee of Safety as a result of your willful revocation of your citizenship in this country.)

Signature \_\_\_\_\_ (SEAL)

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