	Committee	e of Safety
		nty,
		a Subscriber
Name:	<del>-</del>	Is this your real name? Yes \( \Boxed{\sigma} \) No \( \Boxed{\sigma}
Address (optional):		
City (opt):	County:	State:
Phone: ()	e mail:	
Are you aware that there ar	e two classes of citizen	en in this country?
		(i.e.US citizen & State Citizen?) Yes □ No □
•		I faithfully fulfill my duties to the Committee of ve, protect and defend the Constitution for the
	Signature:	(SEAL)
	Committee	e of Safety nty,
	Request to be	a Subscriber
Name:		Is this your real name? Yes □ No □
Address (optional):		
City (opt):	County:	State:
Phone: ()	e mail:	
Are you aware that there ar	e two classes of citizen	en in this country?
		(i.e.US citizen & State Citizen?) Yes $\square$ No $\square$
	*	I faithfully fulfill my duties to the Committee of ve, protect and defend the Constitution for the
	Signature:	(SEAL)