



Application for Membership

Group Name: _____
Address: _____
Address #2: _____
State: _____

Contact Name: _____
Contact Phone: _____
Signature: _____

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

Applying Group Information:

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

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