



Prospective Member Application (18 or older)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

Citizenship: _____ Weight: _____ Hair Color: _____ Eyes: _____

Driver's license: State: _____ Number: _____ Expires: _____

Arrest or Conviction Record: _____

If a pilot, list ratings/hours/type: _____

List all Military, Law Enforcement, EMS Service/SAR and certifications:

Do you have any health issues or take any prescription medications: list all:

Do you use marijuana or other drugs? List All:

Are you able to attend 80% of all monthly meetings/drills/training and be available for 24 hours of weekend duty per month at a minimum? _____

Signature authorizing background check: _____ Date: _____

Email this completed application to: info@airbornesar.com with a copy of your Driver's License and proof of US Citizenship (Passport or Birth Certificate).

10503 Wakeman Drive, Manassas, VA 20110 www.airbornesar.com