



ADMINISTRATION/MEMBER FORM

Get involved as a Nation, Region or County member of the Prairie Republic

First Name			
Last Name			
Address			
Current County			
Home Phone		Mobile Phone	
Email			Facebook <input type="checkbox"/> Yes <input type="checkbox"/> No
What issue(s) of concern brought you to the Republic?			
What are you most passionate about / what brought you to want to help?			
Can you work independently? Are you an organizer, researcher and/or task oriented?			
I'm interested in the following committees: <input type="checkbox"/> Auditor Committee			
<input type="checkbox"/> Courts and Jurors Committee	<input type="checkbox"/> Media/PR Committee		
<input type="checkbox"/> Sheriff/Peace officer Committee	<input type="checkbox"/> Monetary Committee		
<input type="checkbox"/> Ombudsman Committee/Comp.	<input type="checkbox"/> Unitary Committee/Church/Assoc.		
<input type="checkbox"/> Health & Wellness Committee	<input type="checkbox"/> Child and Family Restore Committee		
<input type="checkbox"/> Food Solutions/Agriculture	<input type="checkbox"/> Inventions/Innovations		
<input type="checkbox"/> Integration Center Committee/Prisons	<input type="checkbox"/> Sovereign Committee/Hiring/Decision		
<input type="checkbox"/> Learning Centers/Education Committee	<input type="checkbox"/> Infrastructure Committee		
<input type="checkbox"/> Resource Management Committee	<input type="checkbox"/> Communication/IT Committee		
<input type="checkbox"/> Immigration Committee	<input type="checkbox"/> Project Management Committee		
<input type="checkbox"/> Parks/ Animal/ Environment/Forest Ranger	<input type="checkbox"/> Border Patrol Committee		
How did you hear about the Republic of Alberta? <input type="checkbox"/> Military/Militia Committee			
Date		Signature	

We will follow up with you to answer any additional questions.
Thank you for your interest in helping to restore Prairie Republic
Please complete this form and forward to the Republic.