



MEMBERSHIP APPLICATION

E CITIZEN APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)

GRADE 1 – \$40.00 +S/H

Name:

Code Name:

Date of Birth:

Cell Phone:

Mailing address:

City:

State:

ZIP Code:

Email Address:

Home Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

BILLING INFORMATION

Name:

Address:

Phone:

City:

State:

ZIP Code:

Payment Type (please check one) : Check: Money Order: Credit Card:

Name on Credit Card:

Credit Card Type: VISA: MASTERCARD: DISCOVER:

Credit Card Number:

Expiration Date:

Driver's License Number:

State Driver's License Issued:

SIGNATURE

I hereby certify that the information contained herein is complete and accurate.

Signature of applicant:

Date:

Please email completed form to info@pbsoldier.com and allow at least two weeks for processing.

Note: Codename will appear on Anti-Establishment Files Page.

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