

Help Protect Culpeper

PO Box 688, Culpeper VA 22701-0688

www.helpprotectculpeper.org

Application for Membership

The Purposes of Help Protect Culpeper

- To promote the preservation of our community;
- To promote the enforcement of the rule of law in Culpeper County;
- To foster public awareness of the negative effects of illegal immigration on our communities;
- To facilitate effective engagement by citizens in the legislative process on issues which regard illegal immigration; and
- To provide an effective voice for citizens concerned about the effects of illegal immigration on our communities.

I, the undersigned, apply for membership in Help Protect Culpeper and certify the following:

- That I am a U.S. Citizen or legal resident of the U.S.;
- That I am in accord with the principles and objectives of Help Protect Culpeper;
- That I will not employ illegal aliens, nor knowingly do business with entities that employ illegal aliens within our communities, or otherwise contribute to conditions which may encourage the presence of illegal aliens within our communities, and;
- That I will endeavor to responsibly engage in the ongoing public debate regarding issues related to illegal immigration.

Name: _____
(please print)

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

E-mail: _____

Signature: _____

INSTRUCTIONS: Complete this application and mail it to the above address, or bring it to our next membership meeting. Submissions by mail will receive notification of the next scheduled meeting. Membership applications are considered by the general membership at the conclusion of each meeting.

Help Protect Culpeper welcomes as members all U.S. Citizens and legal residents of any ethnic heritage who believe that the presence of illegal aliens in our community poses a serious danger to our communities and families, and must be opposed in a manner consistent with the law and due respect for the inherent worth of all individuals.

Administration use:

Applied: _____ Accepted: _____ Donation: _____