



Citizens Militia of Mississippi

Application for membership

Information within application will be held in strictest of confidence by Citizens Militia of Mississippi & be used only for purposes of conducting background checks and compiling contact info for applicant. CMM does not sell or share private information of members. All prospective applicants for CMM will be subject to mandatory background check, which are performed to protect the integrity of Citizens Militia of Mississippi and its members. If your identity cannot be verified, additional information may be required.

Last Name _____ First _____ Middle Initial _____

Address _____ City _____ State _____

Zip Code _____ County _____ Phone _____

Email _____ D.O.B. _____ Gender _____

Marital Status _____ Number of Children _____

Current Employer _____ How Long? _____

Military Service

Branch _____ From _____ To _____

Military Occupational Specialty _____

Discharge Type _____ Overseas Duty **Y / N** ****Please attach copy of DD214****

Have you ever been convicted of a felony? _____ Briefly explain _____

Misdemeanor? _____ If so, briefly explain _____

Briefly explain why you want to be a part of Citizens Militia of Mississippi _____

*I hereby certify all information, to the best of my Knowledge, is true and accurate. Any false information and/or misrepresentation will result in denial of application and/or rescinding of membership with Citizens Militia of Mississippi.

Signature _____ Date _____

Have you ever been affiliated with any other organizations? (ex. Oathkeepers, Militia, etc.)

If yes list each group separately. _____

Religion (Chaplain use only) _____

List 3 personal references

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

* I understand and agree to adhere to the bylaws of Citizens Militia of Mississippi, posted in entirety on our website, or obtained at your local chapter.

* Citizens Militia of Mississippi reserves the right to refuse, deny, and/or rescind any application or memberships at any time for any reasons deemed necessary or considered to be in conflict with bylaws or CMM policy.

* Please include one-time processing fee of \$20.00. Cash, money order, or checks accepted via mail. Paypal accepted online. Please note, Monthly membership dues are \$10.00/ mo. Or \$100.00/yr. and are payable to your local chapter. If you do not have a local chapter, you may make payments directly to corporate.

*I hereby certify all information, to the best of my Knowledge, is true and accurate. Any false information and/or misrepresentation will result in denial of application and/or rescinding of membership with Citizens Militia of Mississippi.

Signature _____ Date _____

_____ Office Use Only _____

Background Check by _____ Date _____

App Fee received by _____ Date _____ Payment Type _____

Reference checks by _____ Date _____

CMM Executive Officer Approval Y / N Signature _____ Date _____

CMM Commander Approval Y / N Signature _____ Date _____

Turn in to local Commander, or mail application along with \$20 app fee to:

CMM, PO Box 706, Batesville, MS 38606