

# American Nazi Party

## Official Supporter Application

Please answer the following questions briefly:

1. Do you consider yourself to be basically of Aryan/White ancestry? \_\_\_\_\_
2. To the best of your knowledge do you have any Jewish blood? \_\_\_\_\_
3. Do you consider yourself to be in basic agreement with the aims and goals of the ANP?  
\_\_\_\_\_
4. Do you agree to adhere to the general rules and policies of the ANP? \_\_\_\_\_
5. Do you agree to pay monthly dues at a minimum of \$10.00? \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone (Optional): \_\_\_\_\_

Date: \_\_\_\_\_

Email this application to:  
[staff@americannaziparty.com](mailto:staff@americannaziparty.com)

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