American Nazi Party
Official Supporter Application

Please answer the following questions briefly:

1. Do you consider yourself to be basically of Aryan/White Ancestry?
   NO   YES

2. To the best of your knowledge, do you have any Jewish blood?
   NO   YES

3. Are you in basic agreement with the aims and goals of the ANP?
   NO   YES

4. Do you agree to adhere to the general rules and policies of the ANP?
   NO   YES

5. Do you agree to pay monthly dues at a minimum of $10.00 per month?
   NO   YES

Contact Information

Name _____

Address _____

City, State, Zip _____

Email _____

Phone (optional) _____

Date _____

Email this completed application to staff@americannaziparty.com