



Texas Border Volunteers

Membership Application Form

www.TexasBorderVolunteers.org

Name (Last):		(First):		(Middle):	
Call Sign:			Birth Date:		
Disabilities/Medical Conditions:					
Street Address:					
City:		State:	Zip:	County:	
Email address:					
Phone (Home):			Cell:		
Vehicle:		2 or 4 wheel drive:			
Emergency Contact:		Name:		Phone:	
Employment Status:					
Special Equipment:		ATV:			
		Night Vision:			
		Photographic:			
		Thermal:			
		Aircraft:			
Special Skills/Abilities:		Other:			
Certifications and Experience					
Concealed Carry Permit:		Issuing State:	Number:	Exp. Date:	
FCC License:			Pilot's License:		
Law Enforcement:					
Military:					
Membership in other Border Watch Groups:					

Attached Copy of CHL Head shot photo for ID card \$50.00 application fee if no CHL
 I have read, understand, and agree to the Texas Border Volunteers Standing Operating Procedures:
 Signature _____ Date _____

Return Form To: Texas Border Volunteers, Inc.
 791 Hwy 77 N
 Suite 501C-145
 Waxahachie, Texas 75165

For Assistance, Contact:

vol052000-tbvmbmrship@yahoo.com