Date Received by FNCA

***First-In-Flight North Carolina de jure Assembly* (“FNCA”)**

**Member Form**

*(This application can be filled out by teleconference.)*

 **Applicant Information**

Legal

Name:

*First Name Middle Last*

 *(Name on social security card)*

Physical

Address *Street Apt #*

*City State County ZIP Code*

Other

Address *P. O. Box*

*City State County ZIP Code*

Cell Phone:       Land Line:

Email:

Are you willing to sign up at Telegram.org?: Yes [ ]  No [ ]

Are you a resident of North Carolina? Yes [ ]  No [ ]

Are you a citizen of the United States? Yes [ ]  No [ ]

Are you over 16 years old? Yes [ ]  No [ ]

Have you been convicted of a felony: Yes [ ]  No [ ]

Are you willing to contribute financially? Yes [ ]  No [ ]

Are you willing to agree to a criminal background check? Yes [ ]  No [ ]

Are you currently a member or agent of the military or any law enforcement agency or of the state or local government?

 Yes [ ]  No [ ]



 Education

High School:       City, State:

From:       To:       Did you graduate? Yes [ ]  No [ ]

College:       City, State:

From:       To:       Did you graduate? Yes [ ]  No [ ]  Degree:

Other studies:

 Please State Your Reason for Joining Please include your areas of passion and approximately how many hours you can contribute per week. On a scale of

1 – 10       please indicate how passionate you are about the FNCA and your part in it.

 Areas of passion & approximate hours:

 Skills and Experience Please list any particular skills or experiences that you wish to bring to the FNCA. **A curriculum vitae and/or resume**

**may be included (in a separate document.) Additionally, a copy of your Driver’s License is required.**

Are you willing to hold a FNCA office? Yes [ ]  No [ ]

 Which office are you willing to hold?

 Related leadership experience:

Are you or have you been a member of a state or local assembly?

Yes [ ]  No [ ]

If so, which one?

 Interview Are you willing to have a telephone or Zoom interview? Yes [ ]  No [ ]

If yes, please list best days/times to reach you including time zone:

Please provide a personal reference and their phone number:

 Military Service

Are you a military veteran? Yes [ ]  No [ ]  Branch:

From:       To:       Rank at Discharge:       Type of Discharge:

If other than honorable, explain:

 Disclaimer

*I certify that my answers are true and complete to the best of my knowledge. I certify that I have read and am willing to abide by the “****Resolution of One Accord”*** *and I have read and am willing to abide by the* ***“Bylaws, Policies and Procedures for the***

***First-In-Flight North Carolina de jure Assembly.”***

*If this application leads to acceptance into the First-In-Flight North Carolina de jure Assembly, I understand that false or misleading information in my application or interview may result in my release.*

Name:       Date:

We will follow up with you. Thank you for your interest in helping to restore North Carolina!

Officer Comments:

Signed Resolution of One Accord Received? Yes [ ]  No [ ]

Signed Bylaws Received? Yes [ ]  No [ ]

Photo Received? Yes [ ]  No [ ]

Resume Received? Yes [ ]  No [ ]

Attended 6 meetings? Yes [ ]  No [ ]  N/A [ ]

Signed NOA? Yes [ ]  No [ ]

Name of sponsoring member/mentor

Membership Approved? Yes [ ]  No [ ]

FNCA Officer Name:       Completion Date: