

APPLICATION FOR MEMBERSHIP

You must fill out the application COMPLETELY and return it with your nonrefundable check of \$25.00 for application [additional \$75.00 for 1st year of membership] to the Posse

I, _____, hereby wish to make application to become a member of the United States Marshals Posse of Texas.

I understand the following as evidenced by my initials in each blank.

_____ The United States Marshals Posse of Texas (USMP) is a private organization, organized under the laws of the State of Texas as a non-law enforcement organization whose purpose is to promote good horsemanship among the members and the public at large; and to participate in civic events, parades and other public events; and to promote good fellowship among the membership.

_____ I authorize the United States Marshals Posse of Texas to request information about me from authorized agencies for the purpose of determining my suitability for membership in the United States Marshals Posse of Texas which will include but not be limited to a criminal background check.

_____ I understand any information obtained from authorized agencies is for the use of the U. S. Marshals Posse of Texas only and will be disclosed only to the Membership Committee and the Board of Directors of the United States Marshals Posse of Texas.

_____ Please find enclosed my personal information for consideration, along with my check in the amount of \$100.00; a minimum of \$25.00 application fee and a \$75.00 membership fee covering the first year's dues.

[Your Name: _____]

All other residences in the past five (5) years.

Employment history in the past five (5) years.

Have you ever been convicted of any felony offense or serious misdemeanor and/or been imprisoned for any reason? Yes _____ No _____ (If so, explain in detail)

Are you currently under indictment in any court of law in the United States of America?

Yes _____ No _____

Are you a legal citizen of the United States of America?

Yes _____ No _____

I currently own a horse.

Yes _____ No _____

My riding experience is:

Limited _____, Adequate _____, Excellent _____.

Posse Recommendation Signature #1: _____

Posse Recommendation Signature #2: _____

Spouse/ Partner's Name _____

(Optional)

Married _____ Single _____ Divorced _____ Widowed _____

(Optional)

Height _____ Weight _____ Hair Color _____ Eye Color _____

(Optional)

[Your Name: _____]

Business Name & Address

Phone, Fax, Pager, Mobile

Residence

Phone

I would like all Posse correspondence sent to the following address:

Emergency Contact Information:

Name: _____

Telephone Numbers: _____

Please initial each of the following provisions.

_____ I do hereby swear or affirm, on this date that I will not wear the authorized United States Marshals Posse badge outside of "Official" Posse events/activities.

_____ That I will not misrepresent myself using the Official United States Marshals Posse badge as a licensed Law Enforcement Officer.

_____ That I will not show the Official United States Marshals Posse badge as a means of identification, to gain entry to any location or event unless said event is a sanctioned event by the Posse.

_____ That I will wear the Marshals Posse badge only on my uniform shirt or Jacket during Posse events and activities.

_____ I have been notified by the President of the Local United States Marshals Posse or designated Officer that I will be expelled from the Posse and turned into the local U. S. Marshal for proper legal action if I violate this agreement.

_____ I understand that I may be subject to criminal prosecution if I violate any of the above provisions.

DOB: _____

SSN: _____

Drivers License Number: _____

State: _____

Expiration Date: _____

Signature: _____

Printed Name: _____

I hereby certify that the answers to the above are true and correct to the best of my knowledge.

Notary

State Seal

Membership Committee Member

Date

CC: Copy into Official Record of Local United States Marshal Posse