

Indiana Volunteer Militia Enlistment Application

Date: _____
Day Month Year

Last Name First Name Middle Initial

Address _____
Number & Street City State Zip County

Phone Number _____

Mailing Address _____
(PO Box, C/O Address or General Delivery, if Different from above)

Email Address _____

D.O.B: _____ Age: _____ Applicants must be between ages 17 and 65

Are you a citizen of Indiana: Y___ N___ If no please indicate status: _____

Do you have a handgun license for the State of Indiana: Y___ N___ Verification is required

Military or Police Training: Y___ N___ Branch of Service or LEA: _____

Type of Discharge: _____ Verification is required

Present Occupation: _____ Years of Experience: _____

Other Skills: _____

Emergency Contact (for FTX): _____

Name Relationship

Address: _____
Number & Street City Zip County

Primary Phone Number: _____ ALT Number: _____