

TATTERSHALL SCHOOL OF DEFENCE GROUP MEMBERSHIP APPLICATION

GROUP PRACTICE INFORMATION

Primary Instructor:

Instructional Experience:

Practice Location:

City:

State:

ZIP Code:

PRIMARY APPLICANT INFORMATION

Name:

Phone:

Email:

Address:

City:

State:

ZIP Code:

PRIMARY AREA(S) OF STUDY

INITIAL GROUP MEMBERSHIP

Name	Address	Phone/Email	Tattershall Member?

SIGNATURES

This application is subject to acceptance by the Board of Directors of the Tattershall School of Defence and verification of insurance availability.

Signature of applicant:

Date:

Board Approval:

Date:

Please send completed form to: Tattershall School of Defence
c/o Jon Barber, Secretary/Treasurer
1217 East Gary Circle, Mesa, Az 85203