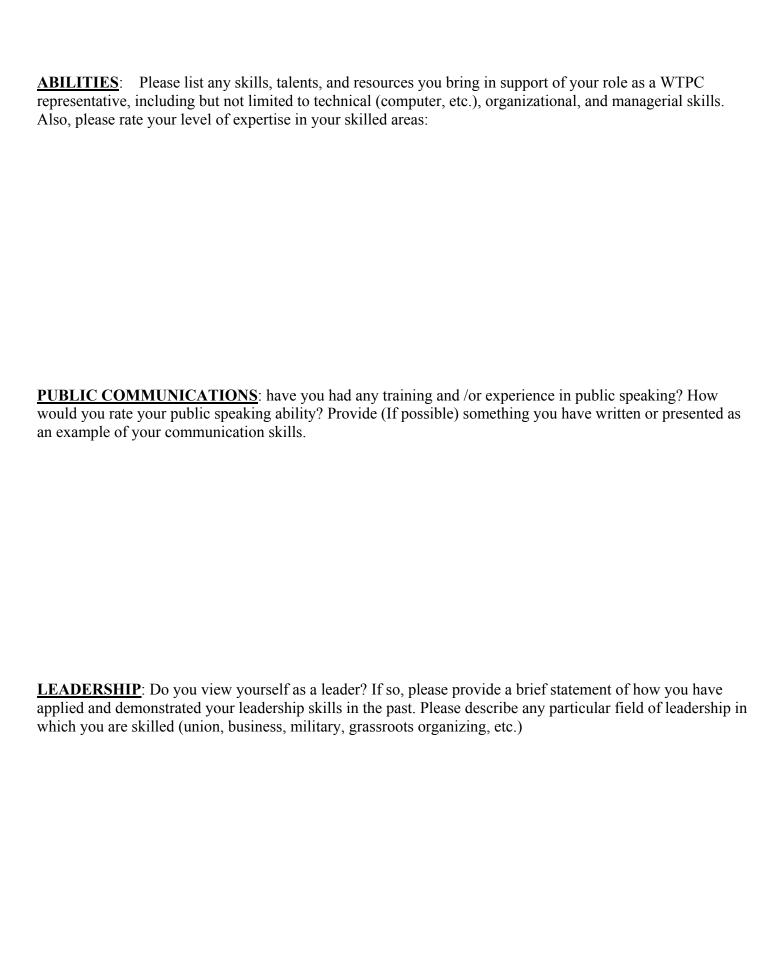
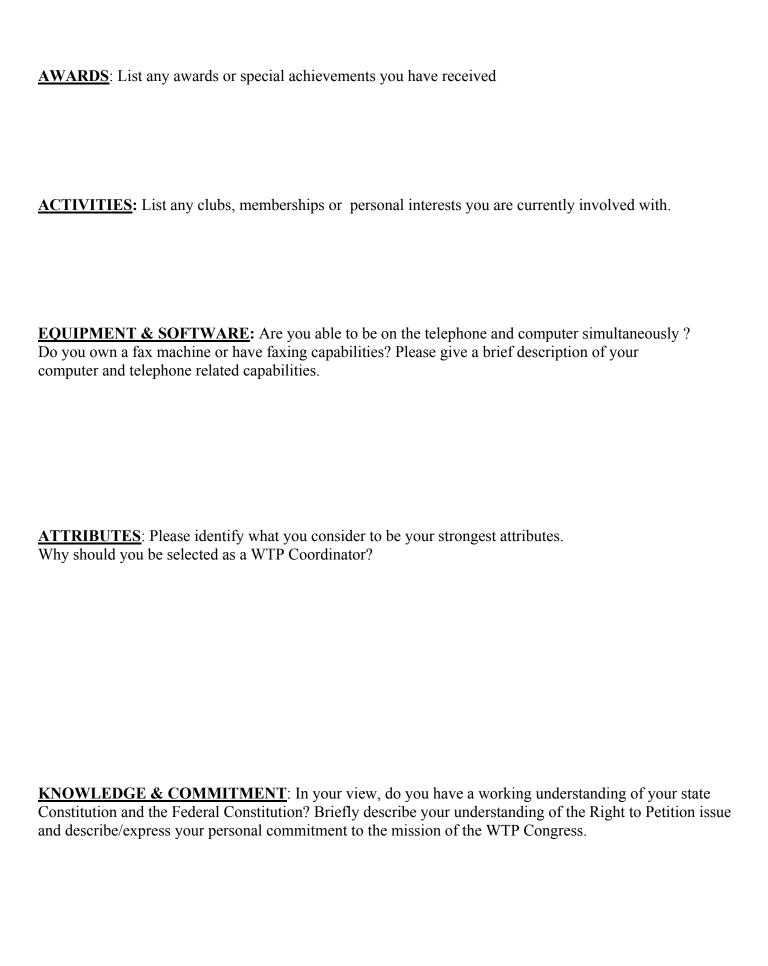
## We The People Congress, Inc. Application & Disclosure Form

What position are you applying for? (click to check the box)

REGIONAL Coordinat	tor STATE Coordinator	COUNTY Coordinator			
Name:					
P.O. Address if any:					
Residence Address:					
City:	State:	County:			
Main Telephone:	Cell Phone:	Cell Phone:			
Main Email:	Secondary	Secondary Email:			
	escribe the primary jobs/positions y attach additional information if need	ou have held during the past 5 years.			
EDUCATION:					
Degree?	In:				
School/Location:					
Degree?	In:				
School/Location:					





## **<u>DISCLOSURES</u>**: Please Answer the following Questions:

Are you retired or semi-retired?	Yes	No		
How long have you lived in the area in which you presently reside?	Years	Months		
How many hours per day (average) are you able	2-hrs	4-hrs		
you invest in WTP Congress work?	6-hrs	8+hrs		
Are you willing to work full-time for the WTP Congress?	Yes	No		
Do you feel you can set aside your personal interests and viewpoints when publicly representing the WTPC Congress?	Yes	No		
Have you ever been convicted of a felony? (If yes, attach details)	Yes	No		
Are willing to regularly travel within your assigned area to perform your duties with the WTP Congress?	Yes	No		
Do you have an automobile you can use as a Coordinator?	Yes	No		
Are you now or have you ever been an informant or agent for any Governmental agency? (If yes, attach details)	Yes	No		
Please Provide Us With Three Person (We prefer one relative and two not re		5		
1- Name:				
Address:				
Email: P	Phone:			
2- Name:				
Address:				
Email:	Email: Phone:			
3- Name:				
Address:				
Email: P	hone:			

## **SIGNATURE:**

Important: Do NOT sign this document except in the presence of a Notary.

I, information I have provided on this that if selected to serve as a WTP rethe Congress. Additionally, I herek personnel to verify the information whatever means necessary, including references, etc.	is document is true representative I will by authorize the We n provided by me w	abide by the rules and guide the People Congress, Inc. a	my knowledge and lelines established by and its authorized closure Form by
Signed:		Date:	
Print:			
NOTARY:			
a	ppeared before me in	the County of	
State of	on this	day of	, 2006.
is personally known to me			
has provided identification: #	#		
Notary Public			
My commission expires:			
day of	, 2006		