

Tampa FOP 27 Rep=340

Membership Application Form

CCW State Issued:	Membership Type (circle): Single	Dual	Military/LE
Name:			
Address:	City	State	Zip
Phone Number:	CCW number		•
Spouse Name (If Dual):			
Spouse CCW Number (If D	ual):		
If Military/LE provide Branc	h or Dept		
(single/Military/LE) or two persons (di- good standing concealed carry weap securing of legal services, investigation witnesses hired by CCW Safe. Note: any representation from CCW Safe money judgements rendered against affiliate with a use of force incident. T	o, I acknowledge that I am purchasing the rights to servicual), in any legal matter stemming from a use of force in on permit for one year from the date of this acknowledge we services and expert witness services from law firms, a You must have a valid state Concealed Weapon Pere. This is not an insurance product. It is a services at a member is the responsibility of the member. CCW Sator start your membership, please sign below. Since this term. Please choose one of the following contact types	ncident pursua lement. Repre investigators ermit issued to greement. Tha fe will obtain a is an annual r	nt to a duly licensed in sentation to include and expert o be eligible for erefore, any and pay all legal services nembership, we will
Signature	 Date		
Please make check paypable to CCW Safe 1810 E. Memorial Rd. Ste. B Oklahoma City, OK 73131 or pay with Visa/Master Card:	o: CCW Safe, LLC and send to:		
Card Number	Exp. Date/	ccv	
Name (if different)	Address (if different)		