



Membership Application

Individual Member Registration Form

The Anti-Federalist Party

"The government closest to the people serves the people best."

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anti-federalists.com



Application for Membership

Thank you for your interest in the Anti-Federalist Party. By completing this application, you are joining a national movement dedicated to restoring governance to the level closest to the people.

1. Personal Information

Full Legal Name: _____

Preferred Name (if different): _____

Mailing Address: _____

City: _____

State: _____

ZIP Code: _____

County: _____

Email Address: _____

Phone Number: _____

2. Chapter Affiliation

Preferred Chapter (if known): _____

How did you hear about the Anti-Federalist Party?: _____



- I wish to join an existing chapter in my area.
- I wish to help start a new chapter in my area.
- I am registering as an at-large member (no local chapter exists).

3. Affirmation of Principles

By signing below, I affirm that:

1. I have read and agree with the Principles of the Anti-Federalist Party as set forth in Article II of the Party Constitution.
2. I believe that the government closest to the people serves the people best.
3. I support the decentralization of political power from federal and state governments to local communities.
4. I oppose the fusion of corporate and governmental power.
5. I commit to civic participation in my local community.

Membership in the Anti-Federalist Party does not require agreement on every policy issue. It requires agreement on one structural principle: power belongs in the hands of communities, not distant capitals. We welcome members across the political spectrum who share this commitment.

4. Volunteer Interests

Please indicate any areas where you would like to contribute:

- | | |
|---|--|
| <input type="checkbox"/> Chapter Leadership | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Candidate Recruitment | <input type="checkbox"/> Communications / Social Media |
| <input type="checkbox"/> Policy Research | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Legal / Compliance |
| <input type="checkbox"/> Graphic Design / Media | <input type="checkbox"/> Technology / Web Development |

5. Signature



Applicant Signature

Date

Privacy Notice: Your personal information will be shared only with your local chapter leadership and the national membership registry. It will not be sold, traded, or shared with any third party. Data sovereignty is a core principle of this Party — we practice what we preach.

Submit to: Your local chapter Secretary, or email to membership@anti-federalists.com



anti-federalists.com