

American Civil War Society Membership Application

Membership Year 01/01/03 thru 12/31/03

Administrative Use Only

Member ID _____
Paid \$ _____ Check # _____ Cash

Part I: Form Use

Please supply the following information to process the membership application

- Single Member
- Family Membership
- Civilian Newsletter
- Couple/Two Person
- Supporting Member
- Day Pass/Event Only

Visitor – Event Location and Date

Complete Part I, II, III, initial and Sign Liability on Reverse (V and VI)

Part III: Member

Combatant Civilian

Name (Last)

Name (First) (M.I.)

Mailing Address

City

State Zip Code

Date of Birth

Home Phone Number

Email Address: (Print Clearly)

Second Member

Combatant

Name (Last)

Name (First) (M.I.)

Date of Birth

\$10.00 Charge
Additional LHA Insurance

Part IV: Club Affiliation (please indicate)

Confederate Union Civilian

Unit _____ Commander _____

Part II: Signatures and Approvals

I/We the undersigned, agree to abide by the By-laws, Rules and Regulations governing the American Civil War Society, Inc., and said units thereof and release from any and all obligations. I/We hereby certify that all statements made on this application are true and correct to the best of my/our knowledge, and understand that any false statements or violation(s) of the By-laws, Rules and Regulations governing the American Civil War Society, Inc., will subject me/us to possible disqualification and/or dismissal.

Signature of Applicant or Parent/Legal Guardian of Minor Under Age 18

_____ Date _____

Age 18 and Over Must Complete a Separate Application

Children (over age 5)

Combatant

Name (Last)

Name (First) (M.I.)

Date of Birth \$10.00 Charge

Additional LHA Insurance

Children (over age 5)

Combatant

Name (Last)

Name (First) (M.I.)

Date of Birth \$10.00 Charge

Additional LHA Insurance

Children (over age 5)

Combatant

Name (Last)

Name (First) (M.I.)

Date of Birth \$10.00 Charge

Additional LHA Insurance

Special Impersonation

Sutler