

American Civil War Society Membership Application

Membership Year 1/01/06 thru 12/31/06

Please Complete Parts I, II, III, IV(signed), V, and Sign Liability on Reverse (VI) - Incomplete forms will not be processed

Part I: Form Use

Single Member - or- Couple/Two Person - or-
 Family Membership -or- Supporting Member
 Check here to receive Newsletter by Email
 Check here to receive Newsletter by Postal Mail (add \$5 for postage)

Part II: Primary Member -

Please print clearly

Combatant
 Civilian

Primary Member Name (Last)

Name (First)

@

Email Address

Mailing Address

Only check this box if all your information is the same as in 2005
(Renewing ACWS members only)(Please enter your email #, and phone #,
all family members names, and sign form - even if you are only renewing)

Primary Member Address

City _____ State _____ Zip code _____

() _____
Phone# _____

Date of Birth (mandatory for all)(mo-d-yr) -- - -

Part III: Unit Affiliation (please indicate)

Confederate Union Civilian

Unit _____ Commander _____

ACWS Board Approved Special Impression _____

Part IV: Signatures and Approvals

All Primary Members must sign

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

Date _____

Administrative Use Only

Member ID # _____
Paid Amount \$ _____ Check # _____ Cash _____

Part V: Additional Member(s) - Please fill out for each household member over the age of 5 years who is going to participate - Use additional form for more members.

Second Member/Spouse Combatant -or- Civilian

Name (Last)

Name (First)

Date of Birth (Mandatory for all) -- - -

\$15 LHA Insurance Charge
(mandatory for all combatants and/or field participants)

Additional Family Member #1 Combatant -or- Civilian

Name (Last)

Name (First)

Date of Birth (Mandatory for all) -- - -

\$15 LHA Insurance Charge
(mandatory for all combatants and/or field participants)

Additional Family Member #2 Combatant -or- Civilian

Name (Last)

Name (First)

Date of Birth (Mandatory for all) -- - -

\$15 LHA Insurance Charge
(mandatory for all combatants and/or field participants)

Additional Family Member #3 Combatant -or- Civilian

Name (Last)

Name (First)

Date of Birth (Mandatory for all) -- - -

\$15 LHA Insurance Charge
(mandatory for all combatants and/or field participants)

For additional family members use back

American Civil War Society, Inc. – General Release Of Liability And Agreement Not To Sue

Part VI: Because re-enacting is dangerous, all participants and parents of participants assume all risks by signing this General Release.

1. I acknowledge that re-enacting, black powder shooting and related activities are hazardous activities and that I have made a voluntary choice to participate in those activities despite the risks they may present. In consideration of my being permitted to participate in activities described at this function, I agree to assume ANY AND ALL RISKS OF INJURY OR DEATH which may be associated with, or result from, my participation in the events and activities.

2. I further **Release, Waive, Discharge and covenant not to sue** the American Civil War Society (ACWS), the trustees of, officers of, agents of, employees of, members of, or any other event organizer, owner or lessor of any property on which the event is conducted, from all liability for myself, or any party claiming an interest through myself, whether caused by their negligence or for any other reason, while preparing for, practicing for, traveling to and from, or participating in this event.

3. I further **HOLD HARMLESS** the parties released above and each of them from loss, liability, damage or claim they may incur due to the presence of my actions during this activity whether caused by their negligence or otherwise.

4. It is the intent of the undersigned that the above release be as broad as allowed by law, and that if any portion is invalid, the remainder shall continue in full force and effect. This release is entered into solely for the benefit of the ACWS, its officers, trustees, agents, members and others mentioned above when engaged in activities which promote the participation in this event, or the preparation for or travel to such an event, and does not confer a release upon parties not acting in such a capacity.

5. I understand that this release applies to all parties, including dependent minors, listed below. I attest that all participants in my family for this event are listed below and that I take full responsibility for the safety and behavior of my minor dependent(s).

6. I hereby declare under the penalty of perjury of the laws of the State of California that the birthdates of the dependent minor children listed in this application are true and correct.

7. I, the undersigned, have read and understand this release and all its terms and warrant that the above is true and correct in all respects and that no representations, statements, or inducements apart from the foregoing have been made. I consent to whatever medical care might be provided or available for injury occurring during the above activities for myself and my minor children.

Print name	Signature
Print Spouse's Name	Spouse's Signature

Make Check or Money Order Payable To: ACWS

Membership Fees (all combatants and/or field participants must have LHA insurance):

Single Membership.....\$35.00 (includes one LHA)...\$ _____
(Newsletter by email only)

-or-

Couple Membership.....\$40.00 (includes one LHA)... \$ _____
(Newsletter by email only – two adults only)

-or-

Family Membership.....\$45.00 (includes one LHA)....\$ _____
(Newsletter by email only – immediate family only)

-or-

Newsletter by Postal Service (not email)..... \$5.00 Additional (Optional)...\$ _____

Add'l LHA Insurance ...\$15.00 (LHA insurance required for each combatant and/or field participant).
(Amount included).....\$ _____

YOUR TOTAL FEES DUE AND SUBMITTED.....\$ _____

If Mailing This Application, Please Send To:

American Civil War Society
C/O Gary Iverson
15225 Flatbush
Norwalk, CA 90650

