

Application for Membership

140th New York Volunteer Infantry Living History Organization

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Cell: _____

E-mail: _____

Areas of Civil War interest (if any): _____

How did you find out about the unit and/or get interesting in reenacting? _____

Have you or any family members ever been convicted of a felony? _____

If yes, do you have a Certificate of Relief? _____ (enclose a copy)

Unit news letter is sent on a bi monthly basis and is sent via E-mail - email address _____

List all participating family members:

Name	Birthdate	<input type="checkbox"/>	Military	<input type="checkbox"/>	Civilian	<input type="checkbox"/>	Social Member
Name	Birthdate	<input type="checkbox"/>	Military	<input type="checkbox"/>	Civilian	<input type="checkbox"/>	Social Member
Name	Birthdate	<input type="checkbox"/>	Military	<input type="checkbox"/>	Civilian	<input type="checkbox"/>	Social Member
Name	Birthdate	<input type="checkbox"/>	Military	<input type="checkbox"/>	Civilian	<input type="checkbox"/>	Social Member
Name	Birthdate	<input type="checkbox"/>	Military	<input type="checkbox"/>	Civilian	<input type="checkbox"/>	Social Member

For membership annual dues are \$15.00 per person or \$25.00 per family and are payable to 140th New York. The Membership Committee reserves the right to request references.

Return to:

RuthAnn Williams
c/o 140th NYLHO
34 River Meadow Dr.
Rochester, NY 14623-4813

For 140th use:

Date application returned: _____

Date membership accepted: _____

Dues paid: _____

Follow-up package mailed: _____

Date membership changed to active status: _____

Changes in membership status

change	date
_____	_____
_____	_____
_____	_____

Supplemental Member Information

Please fill out this form and return to the address below as early as possible for entry into the unit database. Many events that we register for require this information for emergency purposes. Having the information on file will facilitate the registration process. It will also be kept on hand in case any of us suffer a medical emergency while at an event. Parents, please fill this out for each participating child as well.

Member's Name: _____

Birth Date: _____

Emergency Contact: _____

Relationship: (to Contact) _____

Day Phone: _____
(for Emergency Contact)

Evening Phone: _____
(for Emergency Contact)

Medications/Conditions: _____

