

REYNOLDS' BATTERY L, FIRST NEW YORK LIGHT ARTILLERY MEMBERSHIP APPLICATION

Last Name	First Name	Middle Initial
Address	City	State Zip
Home Phone #	Date of Birth	
Occupation	Email Address	
Spouse name	Date of Birth	<input type="checkbox"/> Military <input type="checkbox"/> Civilian <input type="checkbox"/> Non Participating
Children	Date of Birth	<input type="checkbox"/> Military <input type="checkbox"/> Civilian <input type="checkbox"/> Non Participating
	Date of Birth	<input type="checkbox"/> Military <input type="checkbox"/> Civilian <input type="checkbox"/> Non Participating
Employer	Position	Work Phone #
Spouse Empl.	Position	Work Phone #
Insurance provider	Policy #	Policy Holder
Do you have any first aid training? If so, what type		
Do you own a Civil War Tent? If so, what type		
Previous military experience (reenacting or other)		
<p>In consideration of the benefit derived and in view of the fact that Reynolds' Battery L, 1st New York Light Artillery, Inc., is an educational organization, membership which is voluntary, and having full confidence that every precaution will be taken to insure the safety and well-being of myself and my family during activities, events, and trips, I/we hereby agree to my/our/their participation and waive all claims against the leaders of the event and officers, agents, and representatives of Reynolds' Battery L, 1st New York Light Artillery, Inc.</p> <p>If I or my spouse cannot be reached, I give permission for an officer of either the unit in charge or Reynolds' Battery to initiate emergency decision-making procedures.</p> <p>I swear that all above answers are true to the best of my knowledge.</p> <p>If applicant is under the age of eighteen (18) years of age, a parent or guardian's signature is required.</p>		
Applicant's signature _____	Date _____	
Spouse's signature _____	Date _____	
Parent's signature _____	Date _____	
Do Not Write Below This Line		
Date Received	By	Amount Paid
Process Date	Personnel File Number Assigned	