

# English Civil War Society of America Membership Form

Please print all info completely (info will be kept confidential and on file for purposes of Liability Insurance or for emergencies only). Then send to your unit paymaster (treasurer), or in lieu thereof, unit commander, along with your Society Dues (\$10/Individual or \$15/Family, if first year add \$10) by no later than February 1st. Make checks out to: English Civil War Society of America.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ ZIP: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

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If under age 18, please provide the following information:

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ ZIP: \_\_\_\_\_

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First Aid Qualification: \_\_\_\_\_ Firearms Licenses: \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_

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Position within the organization (Check one):

Pikeman: \_\_\_ Musketeer: \_\_\_ Drummer: \_\_\_ Ofc/Sgt.: \_\_\_ (rank: \_\_\_\_\_)

Trooper: \_\_\_ Trumpeter: \_\_\_ Artillery: \_\_\_ Sutler: \_\_\_ Campfollower: \_\_\_

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Please check type of membership: New Individual Member: \_\_\_ New Family Member: \_\_\_

Renewing Individual Member: \_\_\_ Renewing Family Member: \_\_\_

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I hereby agree to follow the rules of the ECWSA as outlined in its constitution (By-laws). I will place myself at disposal of officer(s) and/or official(s), and follow their instruction so long as they do not contravene any Federal, State or Local laws. I realize that the military aspect of the ECWSA may be dangerous and accept all risks thereunto, provided all reasonable safety precautions have been taken. I understand that I must dress myself in the correct and appropriate manner, and must equip and comport myself according to my position within the organization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Regiment/Unit: \_\_\_\_\_