

# 11<sup>th</sup> Pennsylvania Regiment Membership Application Form

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone / Cell: \_\_\_\_\_

E-mail (if Applicable): \_\_\_\_\_

Check with any member of the board for the current membership dues. Family Membership: List names of all family members who will be participating in events.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Membership Recommended by: \_\_\_\_\_

Membership Recommended by: \_\_\_\_\_

*It is incumbent upon the member to insure they have with them whatever medical information they deem necessary in the event medical care is needed*

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