

MAXWELL'S BATTERY MEMBERSHIP APPLICATION

APPLICANT INFORMATION

PLEASE COMPLETE BOTH SIDE OF THIS FORM

Name:

Date of birth:

Phone:

(xxx) xxx-xxxx

Phone:

(xxx) xxx-xxxx

Current address:

City:

State:

ZIP Code:

E-mail Address:

Best time of the day to be contacted:

Profession:

(Students please provide school & grade)

Area of Interest (circle): Artillery Medical Civilian

Previous reenacting experience?

How did you learn about Maxwell's Battery?

Why do you desire to join Maxwell's Battery?

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:

Date of birth:

Phone:

(xxx) xxx-xxxx

Phone:

(xxx) xxx-xxxx

E-mail Address:

Best time of the day to be contacted:

Profession:

(Students please provide school & grade)

Area of Interest (circle): Artillery Medical Civilian

Previous reenacting experience?

How did you learn about Maxwell's Battery?

Why do you desire to join Maxwell's Battery?

DEPENDENT CHILDREN *(IF MEMBERSHIP PRIVILEGES DESIRED)*

Name

Age:

Name

Age:

Name

Age:

REFERENCES

Please provide three character references along with a method of contact.

1.

2.

3.

BACKGROUND CHECK

Criminal Background:

Have you or any applicant listed above ever been convicted of a criminal offense in any state, not including traffic violations?

Yes ____ No ____

If so, please explain:

ANNUAL DUES AND INSURANCE

Annual dues and insurance are required of all members. Upon membership acceptance your dues and insurance payments will be due. Individual membership is \$40/year. Family membership is \$50/year. Insurance is \$10/year for each individual.

PARENTAL CONCENT FOR MINORS *(Both parents to sign unless special conditions given)*

I _____ and _____ understand my child's desire to join Maxwell's Battery and agree to his/her membership application. I also understand it is our responsibility to provide proper adult supervision at all times during my child's participation at company events.

Signature of father:

Date:

Signature of mother:

Date:

APPLICANT'S SIGNATURES

I understand that annual dues and insurance are to be paid in full at the time of admittance into the company. I also understand that safety certification is required for every individual participating in the firing of any artillery equipment which shall be discussed in-depth during the application process. I agree to conduct myself at all company events that will bring honor to those who lived and died during the times of the Civil War and to Maxwell's Battery.

Signature of applicant:

Date:

Signature of spouse *(only if for a joint membership):*

Date:

Return Completed Application Form to:

Maxwell's Battery
5967 County Route 29
Canisteo, New York 14823