

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: _____

If under age 18, please provide the following information:

Parent/Guardian: _____ Relationship: _____

Address: _____ City: _____ State: _____

Phone: (Home) _____ (Work) _____ ZIP: _____

First Aid Qualification: _____ Firearms Licenses: _____

Allergies or Medical Conditions: _____

Position within the organization (Check one):

Pikeman: ___ Musketeer: ___ Drummer: ___ Ofc/Sgt.: ___ (rank: _____)

Trooper: ___ Trumpeter: ___ Artillery: ___ Sutler: ___ Campfollower: ___

Please check type of membership: New Individual Member: ___ New Family Member: ___

Renewing Individual Member: ___ Renewing Family Member: ___

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: The Earl of Stamford's Rgmt of Foote, 1st Co'y. 920 32nd St., Richmond, CA 94804 _____