

APPLICATION FOR MEMBERSHIP
COMPANY A, THIRD MAINE VOLUNTEER INFANTRY

Name (individual or family):

Address: _____

Telephone: _____ e-mail: _____

Date of Birth (if minor): _____ Age: _____

Parent or Guardian Name (minor applicant): _____

Parent or Guardian address (if different from applicant's):

Parent or Guardian Telephone (if different from applicant's): _____

Indicate Reenacting Interest(s): Infantry () Music () Civilian () Newsletter only ()

List Any Existing Medical Conditions or Concerns:

I hereby apply for an associate membership in Company A, Third Maine Volunteer Infantry. I have enclosed a check in the amount of \$25.00 (\$35 for family) to cover my associate membership dues.

Signature: _____ Date: _____

Signature of Parent or Guardian (minor applicant): _____

Date: _____

Mail the above form and payment to:

Matt Bray
1305 West Rd.,
Litchfield, ME 04350