



43rd Georgia Volunteer Infantry **Application for Membership**

"Thy word is a lamp unto my feet, and a light unto my path."
Psalm 119:105

Name _____ Age _____
Spouse _____ Age _____
Children _____ Age _____
_____ Age _____
_____ Age _____

Individual Membership (\$20/year) _____ Family Membership (\$30/year) _____

****All Military Participants over the age of 17 must complete an individual membership application and pay individual dues. ****

Address: _____ Telephone (____) ____ - ____
_____ Alt. phone (____) ____ - ____

Email address(s) _____

Previous reenacting experience (years) _____

Current or previous company(s) _____

Favorite aspect of reenacting _____

Least favorite aspect of reenacting _____

Favorite type of event _____

Least favorite type of event _____

What would you most like to see in a reenacting unit? _____

**NOTE: INFORMATION REQUESTED BELOW WILL BE KEPT
CONFIDENTIAL AND WILL BE KNOWN ONLY TO THE COMPANY
COMMANDER OR HIS DESIGNEE IN ATTENDANCE AT AN EVENT**

Please list any health issues or conditions that might be cause for concern at an event:

Do you have medication (for medical conditions, allergies, etc.) that may have to be administered in an emergency? If so, please elaborate so that we can be prepared should such an occasion arise. _____

Please return completed application to:

1st Sgt. Chip Mattocks
277 Bill Branch Rd.
Chula, Ga. 31733

I understand that in signing this application that I am applying for membership to, and agree to abide by all rules and bylaws of 43rd Georgia Volunteer Infantry.

Signature _____ Date _____
