

11th Pennsylvania Regiment Membership Application Form (2008)

Date of Application: _____

Name: _____ Date of Birth: _____

Address:

City: _____ State: _____ Zip: _____

Phone / Cell:

E-mail (if Applicable):

Family Membership: List names of all family members who will be participating in events (dues: \$20 per person age 16 and over):

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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