



Membership Application
North Florida Artillery
1st New Jersey Volunteer Artillery/
1st Confederate Light Artillery



Please fill out all information unless marked optional.

Applicant Name: _____
 (First) (Last) (Middle Initial)

Address: _____
 (Number/Street) (Apt. #)

 (City) (State) (Zip Code)

Phone: (_____) _____ (_____) _____ (_____) _____
 (Home) (Work) (Cell/Pager/Other)

E-Mail Address: _____ **Birth date:** _____
 (Optional – Unless under 21 years of age)

Parent(s) or Guardian(s) Name and relationship - if this application is for a person under the age of 18.

Address and Phone of Parent or Guardian if different than applicant:

Family Information: _____
 (Optional) Spouse Name Child Name(s)

Emergency Contact: _____

Health Concerns/Medical Alerts: _____

Health Provider Name and Number: _____

What is your interest? Why do you want to join? : _____

Prior Experience in Living History/ Reenactment: _____
 (List previous unit/rank, if applicable)

List any special skills or talents that you would bring to the organization: _____

Additional Information/Comments for Consideration: _____



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North Florida Artillery does not provide insurance for its members. Even with every reasonable safety precaution employed, I understand Civil War reenacting has inherent risks associated with the use of firearms and black powder. I understand that I am solely responsible for my actions outside of accepted safety procedures. I agree to abide by the rules established for safety and organization of the unit.

Initials of Applicant **Parent or Guardian (if applicable)**

By my signature I state that the information in this membership application is correct. I understand that my non-refundable application fee of \$50.00 will be used to obtain a criminal background check. I understand that membership is subject to approval by the Officers of the North Florida Artillery. Probationary membership *may* be granted by the Officers until all administrative application work is complete. Membership is subject to review at the discretion of the Officers. This membership conveys no special rights or privileges stated or implied.

Applicant Signature: _____ **Date:** _____

Parent or Guardian Signature: _____ **Date:** _____
 (If Applicable)

-For Official Use Only- Do not write in the box below-

Probationary Membership Status:

Approved **Denied**

Officer Name/Rank _____ **Signature:** _____ **Date:** _____

Officer Name/Rank _____ **Signature:** _____ **Date:** _____

Comments: _____

Full Membership Status:

Approved **Denied**

Officer Name/Rank _____ **Signature:** _____ **Date:** _____

Officer Name/Rank _____ **Signature:** _____ **Date:** _____

Comments: _____

