

Please fill out entire application: Enclose with one year's dues (\$24.00 for individual membership or \$50.00 for a family membership). If family membership, please list spouse and any dependents, in same household as applicant, on reverse. Include Dates of Birth , S.S.#'s, and signatures.

Name: _____ Date of birth: _____

Address: _____ City: _____

State: _____ Zip: _____

S. S. #: _____ - _____ - _____ Phone: _____

Email: _____

Employed By: _____

Employer's Phone: _____

Have you (or Spouse/dependents if applicable) ever been convicted of a crime? Yes ___ No ___

If yes, explain for anyone applicable. _____

Were you referred by someone? Yes ___ No ___

If yes, Name: _____

Are you a member of another Civil War Reenactment Group? Yes ___ No ___

If yes, what group?

Reason for wanting to join this organization: _____

Character Reference:

Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____

Applicants

Signature: _____

If under 18 years of age you MUST have a parent or guardian as an active member of Cooper's Battery.

Parent/Guardian's Signature:

Providing any false information will lead to immediate dismissal from Cooper's Battery. In signing this application, you agree to absolve and release Cooper's Battery B of any and all liabilities for personal injuries, theft, or accidents of any kind.

Return to: Scott Debo, 144 Race Street, Sunbury PA, 17801

Or Attach filled out form to email and send it to scottdebo@hotmail.com

Any Questions call: (570-286-8997) or (570-648-3001)