

99th NYVI REGT, Co D
UNIT MEMBERSHIP APPLICATION FOR YEAR _____

Member Category: _____ **Military** _____ **Civilian**

New Membership Recruit: _____ **Renewal Member:** _____

Name: <i>(First, Middle, Last)</i>	
Address:	
Phone: (home, work and/or cell)	
Email:	
Membership category: <i>(If "Family" please include names of members) or (if you are musician, journalist, etc.)</i>	
(if new) Previous reenacting experience:	
Medical conditions:	
Who to contact in case of an emergency:	
Date of Birth:	
Model and Serial Number of weapon (s)	
Make, Type and Lic of Vehicle	

Member Dues are \$15 per year/\$25 for family. Make checks out to **99th NYVI REGT Co. D.** **Do not send cash.** As a member of the 99th NYVI REGT, Company D, I hereby acknowledge that I will follow the Unit and USV established policies, by-laws, and safety standards while participating in 99th NYVI sanctioned events, or while representing the 99th NYVI at other events or activities. As a paid member in good standing of the 99th NYVI, you are covered by USV liability insurance while participating in any unit or USV sanctioned event or living history.

Date: _____ **Signature:** _____ **Printed Name:** _____

Parent/Guardian Signature (if Member is under 18): _____

Parent/Guardian Printed Name: _____

Please mail completed form and check to:
99th NYVI REGT Co. D
C/O: MEMBERSHIP SECRETARY
P.O. Box 6444
Virginia Beach, VA 23456-6444