

2021 Missouri Civil War Reenactor's Association

Membership Form

Membership Fees Structure: (Please indicate below)

____ Life Membership \$100.00 ____ Active Military

____ New Membership: ____ Family ____ Individual

____ Renewal Membership (was a paid member the preceding year

____ January 1- April 15: \$10 per family/individual per year

____ April 16- December 31: \$15 per family/individual per year

____ Information Change Only

Unit Affiliation: _____

Member Name: _____

Rank (If Captain or above): _____

Additional Family Members: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Best Contact Phone Number: _____

Email: _____

PLEASE READ AND SIGN: Disclaimer: You will be giving the MCWRA permission to use your information for MCWRA activities and purposes only.

If you agree to this disclaimer, please sign here:

If you do not agree to this disclaimer, please sign here:

Please mail this form with a check or money order payable to the MCWRA in the appropriate amount to: **MCWRA % Conner 820 SE 700 Knob Noster, MO 65336**

Would you like to receive Western Campaigner by mail _____ or email _____