2019 Missouri Civil War Reenactor’s Association

Membership Form

Membership Fees Structure: (Please indicate below.)

_____ Life Membership $100

_____ $10 New Membership: _____ Family _____ Individual

_____ Renewal Membership (was a paid member in the preceding year)

______ JANUARY – APRIL 15: $10 per family/individual per year

______ APRIL 16 – DECEMBER: $15 per family/individual per year

_____ Information Change ONLY

Unit Affiliation: ________________________________________________________________

Member Name: __________________________________________________________________

Rank (if Captain or above): ______________________________________________________

Additional Family: __________________________________________________________________

Mailing Address: _________________________________________________________________

City: ___________________________ State: ____________ Zip: ______________________

Best Contact Phone: ____________________________________________________________

Email: _______________________________________________________________________

Please mail this form with a check or money order payable to MCWRA in the appropriate amount to:

MCWRA

c/o Treasurer

P.O. Box 431

Lebanon, MO 65336