

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