

**12th SOUTH CAROLINA / 4th MICHIGAN
VOLUNTEER INFANTRY INC
APPLICATION FOR MEMBERSHIP**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell: _____

Date of Birth: _____ Email: _____

In case of emergency contact: _____

Telephone: _____

Have you ever been a part of a reenactment group? _____

If yes, which group? _____

Have you ever handled black powder weapons? _____

The 12th South Carolina / 4th Michigan Volunteer Infantry, Inc. (the Corporation) is a Michigan corporation organized exclusively for charitable and educational purposes with the meaning of section 501C(3) of the Internal Revenue Code. The Corporation does not carry or subscribe to any form or type of health, accident or bodily injury insurance. By signing below, I acknowledge the Corporation does not have any form of insurance for its members and that I am required to maintain health insurance as a pre-condition to my participation in group events.

Signature

Signature of Parent or Guardian
(If applicant is under 18 years of age)

Unit Representative
12th South Carolina / 4th Michigan
Volunteer Infantry, Inc.

Date: _____

Make checks payable to: 12th SC / 4th MI Volunteer Infantry Inc

Send both application and check to: Vicky Greer
164 Hills Circle
Leroy, Michigan 49655