

# The Historic 15<sup>th</sup> Cavalry Company L, Inc.



## Membership Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ (H) Phone No.: \_\_\_\_\_ (W)

Email Address: \_\_\_\_\_

In case of emergency call : \_\_\_\_\_

Emergency Phone No.: \_\_\_\_\_

I confirm that if accepted for membership, I shall abide by the rules, by-laws and the constitution of this organization. I fully understand and agree that The Historic 15<sup>th</sup> Cavalry, Company L, Inc. (A.K.A. Company L, 15<sup>th</sup> New York Volunteer Cavalry) it's members, agents and / or affiliate organizations shall not be held responsible for any death or personal injury sustained as result of activities sponsored by this organization. Nor can they be held liable for any injury, theft or loss by any reason, of any animal or personal property and I hereby relieve The Historic 15<sup>th</sup> U. S. Cavalry, Company L, Inc. of such liabilities.

Dues: Regular Single Membership \$5.00/ month @ \$60.00 annually. Family Membership \$7.00/ month @ \$84.00 annually. In addition \$10.00 annual for Insurance & 2<sup>nd</sup> NJ Brigade dues

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian (if under age 18): \_\_\_\_\_

Date of above Signature of, Parent or Guardian (if under age 18): \_\_\_\_\_

Signature of Sponsoring Member: \_\_\_\_\_ Date: \_\_\_\_\_