

2ND Maryland Regiment, Company B

Membership Form

Name: _____ Date: _____

Spouse's Name: _____

Children's Names: _____ Ages: _____

Address: _____ Phone: _____

Email Address: _____

Emergency Contact Information:

Contact Person: _____ Phone: _____

Address: _____ Email: _____

<p>Any Prior re-enacting experiences? YES _____ NO _____</p> <p>If yes, what unit and rank? _____ _____</p> <p>What are you interested in?</p> <p>Infantry _____ Civilian _____ Musician _____ Other _____</p>	<p>Health Insurance Carrier and contact number: _____ _____</p> <p>Any allergies and/or disabilities? _____ _____</p> <p>Any needed medications? _____ _____</p>
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I, _____, hereby release all members and staff of the 2ND Maryland Regiment, Company B, CSA, from any liability resulting from my involvement in living history and battle re-enactments. If the member is a minor, the release must be co-signed by the parent or guardian. I, _____, agree to maintain good standing and to uphold the proud tradition of the 2ND Maryland Regiment, Company B, Confederate States of America.

Signed: _____ Date: _____

Parent/Guardian: _____ Date: _____

Monthly Dues

Monthly Company dues are \$10.00 a month, due on the 1st of every month. These dues go towards the Company for camp gear, supplies, equipment and registration for events. Cash (with receipt), money orders or checks will be accepted. Make money orders and checks payable to *2ND Maryland Company B CSA, 1240 West Crocus Street, Mays Landing, NJ 08330.*

