



## MEMBERSHIP INFORMATION

(Please Print)

### **GENERAL INFORMATION**

NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELLULAR PHONE: (\_\_\_\_) \_\_\_\_\_

BUSINESS \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_

(We use black powder firearms. If the answer is yes, the applicant may possibly be denied membership unless applying for musician, color bearer, or civilian.)

### **MEDICAL HISTORY**

DO YOU HAVE ANY SERIOUS MEDICAL CONDITIONS OR DISABILITIES? EXPLAIN.

\_\_\_\_\_  
\_\_\_\_\_

LIST ALLERGIES AND MEDICATIONS USED:

\_\_\_\_\_  
\_\_\_\_\_

WHAT IS YOUR BLOOD TYPE? \_\_\_\_\_ DO YOU WEAR GLASSES OR CONTACTS? \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE NUMBER (\_\_\_\_) \_\_\_\_\_

IN CASE OF EMERGENCY, WHOM SHOULD WE NOTIFY?

NAME \_\_\_\_\_

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*UNDER 18

(PARENT SIGN) \_\_\_\_\_ DATE \_\_\_\_\_

(Parent or guardian must accompany during events.)

Rev: 03-24-2011