

# West Virginia Reenactors Association

## Membership Application - 2021

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

### Unit Membership

**WVRA** (General) \_\_\_\_\_ (**Civil War**) TASAS Civilian \_\_\_\_\_, 1st WV) \_\_\_\_\_, 25th VA \_\_\_\_\_, Artillery \_\_\_\_\_, Cavalry \_\_\_\_\_, **20th Century** (WWI & II) \_\_\_\_\_, **Colonial** \_\_\_\_\_, **Undecided** \_\_\_\_\_.

### Background and Interests

Reenacting experience? \_\_\_\_\_ Special Skills? \_\_\_\_\_

Membership in Other groups? \_\_\_\_\_, Interests? \_\_\_\_\_

Military Veteran? \_\_\_\_\_ Branch of Service \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor that prohibits you from possessing a firearm? \_\_\_\_\_.

### Notes and Details

1. **Dues:** Dues are \$15 per year per person and \$25 per year for a family. If you wish to receive a paper copy of the newsletter there is an additional \$15 fee. The Email version of the newsletter is included in the membership.
2. **Minors:** All members under the age of 18 need the signature of a guardian to join. Those under 16 will not be allowed to carry a firearm. Those under 14 may not participate in reenactment battles. In addition the WVRA complies with the particular rules at specific events regarding age.
3. **Meetings:** Will periodically be held at the first Saturday of the month during the off-season. During the Reenacting season, meetings may be held at particular events as needed.
4. **Families:** All individuals should have their own memberships, although family memberships, covering the entire family can be used to save cost. All family members are welcome to participate informally at WVRA events without paying individual dues. Only dues-paying members will be eligible to vote in Association matters.
5. **Directory:** Member images and photos may used for the newsletter, website, and WVRA public relations releases. However, detailed information like addresses and phone numbers will only be listed in the directory issued to members. If you do not wish your information released at all, please send a written request to that effect to the newsletter editor, secretary and webmaster by April 1st of each year.

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

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mail form and payment to: **Chuck Critchfield, 608 Skyview Drive, Clarksburg, WV 26301**

11/2021