

2nd South Carolina Volunteer Infantry, Company I "Palmetto Guard"

20__ Application Form

Full Name:

Address:

Phone(s): Primary --

Other --

Email:

Member Information

Are you trained in CPR/First Aid?

CPR: Yes / No

First Aid: Yes / No

Emergency Contact:

Name:

Phone(s):

Relationship:

Medical Information:

Please list all allergies, handicaps, MEDICAL ALERTS status or other medical information which might be beneficial for the unit to be aware of:

I have completed all that is necessary to obtain a membership card for the ACWA, including paying organizational dues. Yes / no

I agree to follow the By-Laws, Rules and Regulations established by:

- PACWR (Safety Rules)
- ACWA
- Confederate Brigade
- "Palmetto Guard"

I understand that to be a member of the 2nd South Carolina, Company I, "Palmetto Guard", I must pay the dues established by the ACWA AND the "Palmetto Guard"

Applicant (please print) _____

Signature of Applicant _____ Date: _____

Legal Guardian of Applicant (please print)

Signature of Legal Guardian of Applicant _____ Date: _____

Company dues:

COMBATANTS -- \$40

NON-COMBATNATS -- \$10

Date Dues Paid:

Rec'd By:

{One form per person}