



FORM 200

2016

COUPLE or FAMILY

MEMBERSHIP

Administrative Use Only
Membership # _____
Total Paid: \$ _____
Payment: Cash or Credit Card or Check Check # _____
Date Received: _____
Date Approved: _____
Date Card Issued: _____
Database Entry Date: _____

INSTRUCTIONS: FILL OUT THIS FORM COMPLETELY, THEN SUBMIT THIS FORM WITH PAYMENT AND/OR SUPPLEMENTAL DOCUMENTATION (AS SPECIFIED BELOW) TO THE N.C.W.A. SECRETARY, EITHER IN PERSON OR VIA MAIL AT:

3807 ELSTON AVENUE, OAKLAND, CA 94602

PLEASE NOTE: AT YOUR FIRST EVENT OF 2015, PLEASE COMPLETE AND SUBMIT ALL REQUIRED SAFETY TEST(S) RELATED TO YOUR UNIT'S IMPRESSION TO YOUR UNIT COMMANDER FOR APPROVAL AND DELIVERY TO THE NCWA SECRETARY. FOR 2015, THE N.C.W.A. IS USING THE SAFETY TESTS APPROVED BY THE SAFETY STANDARDS SETTING ORGANIZATION PACIFIC AREA CIVIL WAR REENACTORS (P.A.C.W.R.).

PART I: COUPLE or FAMILY MEMBERSHIP TYPE CHECK THE BOX TO INDICATE YOUR MEMBERSHIP TYPE

DEFINITION OF "COUPLE or FAMILY": Two or more people, related by blood, adoption, or some form of committed relationship (such as marriage, engagement, civil partnerships, long-term relationships, etc.). All children covered by a family membership must be 22 years old or younger, with one exception: intellectually disabled adult children of a member may still be part of a family membership.

NOTE: NCWA Dues are fully tax deductible if you itemize your deductions on IRS Schedule A.

CATEGORIES OF COUPLE or FAMILY MEMBERSHIP	PAYMENT	SUPPLEMENTAL DOCUMENTATION
<input type="checkbox"/> NEW MEMBERS <i>A family or couple who are new to American Civil War reenacting or living history entirely.</i>	\$35	NONE
<input type="checkbox"/> ANNUAL MEMBERSHIP <i>A family or couple of reenactors or living historians who have been members of an American Civil War reenacting organization previously.</i>	\$45	NONE
<input type="checkbox"/> SINGLE EVENT <i>A family or couple of reenactors or living historians who wishes to participate in only one event during the year.</i>	\$35	NONE
<input type="checkbox"/> ACTIVE MILITARY <i>A family or couple of reenactors or living historians, one or more of whom who is currently an active duty member of the US Armed Forces.</i>	NONE	PHOTOCOPY OF MILITARY I.D.
<input type="checkbox"/> LIFETIME <i>A family or couple, one or more of whom has been awarded a lifetime membership in the NCWA.</i>	NONE	NONE
<input type="checkbox"/> SUTLER <i>A family or couple, one or more of whom sell goods and services that support NCWA member impressions or aide in educational outreach to the general public.</i>	NONE	DESCRIPTION OF SERVICES
<input type="checkbox"/> ADMIN BOARD <i>A family or couple, one or more of whom are currently a member of the NCWA Administrative Board.</i>	NONE	NONE

PART I 1/2: SHAMELESS SELF-PROMOTION

Money is the life-blood of all organizations, and this is your opportunity to give the NCWA a transfusion!

The NCWA works to keep dues low so everyone can have the opportunity to participate in making our shared history come to life. Our organization makes this all happen on a modest budget, so if you do have the ability to add even a small amount to your membership dues payment as an additional, tax deductible donation, every dollar will go to ensuring that Civil War Reenacting can continue into the future for many years to come!

- | | |
|--|---|
| <input type="checkbox"/> Yes! I will bolster the NCWA's financial standing with a generous donation in addition to my membership dues payment! I have enclosed the additional amount indicated to the right to help bring history to life for my fellow Americans! | <input type="checkbox"/> \$5.00 <input type="checkbox"/> \$10.00
<input type="checkbox"/> \$25.00 <input type="checkbox"/> \$50.00
<input type="checkbox"/> \$75.00 <input type="checkbox"/> \$100.00
<input type="checkbox"/> Other Amount: _____ |
| <input type="checkbox"/> Not right now, and thanks for asking! | |

PART II: FAMILY INFORMATION

PLEASE PRINT YOUR RESPONSES

COUPLE or FAMILY MEMBER SPECIFICS

This is for specific information about each member of the couple or family unit.

Family Member Number	Last Name	First Name	Middle Initial	Date of Birth	E-mail	Occupation
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						

GENERAL COUPLE or FAMILY INFORMATION

This is information that applies to the couple or whole family unit.

Mailing Address _____

City _____

State _____

ZIP Code _____

Home Phone _____

Cell Phone _____

PART III: AFFILIATION

Follow the instructions provided below to indicate each family member's affiliation within the NCWA.

NEW MEMBERS: Each person covered by your couple or family membership is treated as a separate member for the purposes of their affiliation within the NCWA, with the exception being children 12 and under or intellectually disabled adult children, which must have the same affiliation as at least one of their parent(s) or guardian(s). As for how to choose, keep in mind that your first year with the NCWA is generally focused on the development of your period impression. Depending upon what your interests are, you could immediately **join a unit** that appeals to you. Or if you have only a general idea of the part of history you wish to portray, you can **join a corps** to become familiar with the units available in that corps before choosing your unit. Or if you want to join the NCWA now, and figure out your impression later, indicate you are a **GREENHORN**, and an NCWA representative will contact you and help you with selecting an impression that is right for you and your family. Please note, that if any of your family join a corps or register as a Greenhorn, when each person ultimately chooses their unit, please complete and submit the *NCWA Transfer Form* to let us know your selection and officially record you in the rolls of that unit.

RENEWING MEMBERS: Please indicate each family member's unit (or corps) of record below. If any one wishes to change their unit of record, please submit a completed *NCWA Transfer Form* to the NCWA Secretary for processing. Transfer forms may only be submitted once per year.

CORPS and UNITS of the NCWA

GH

GREENHORN (NEW MEMBER)

<i>Abbreviations</i>	C.S. ARMY OF NORTHERN VIRGINIA	<i>Abbreviations</i>	U.S. ARMY OF THE POTOMAC	<i>Abbreviations</i>	AMERICAN CIVILIANS
CSA	CONFEDERATE CORPS	USA	UNION CORPS	CIV	CIVILIAN CORPS
5th AL	5th Alabama Infantry	1st USSS	1st U.S. "Berdan's" Sharpshooters	GLAS	Greenville Ladies Aide Society
9th VA	9th Virginia Cavalry	CAL 100	2nd Mass. Vol. Cavalry "Cal 100"	NYISRS	NY Irish Solider Relief Society
12th VA	12th Virginia Volunteer Infantry	7th MI	7th Michigan Volunteer Cavalry	T/P	Townspersons
15th AL	15th Alabama Hospital	7th WV	7th West Virginia Volunteer Infantry	T&PG	Trades & Professions Guild
JRS	James River Squadron	69th NY	69th NY "Irish Brigade" Vol. Infantry	WWG&S	Working Woman's Guild & Sons
NLAB	Norfolk Light Artillery Blues	71st PA	71st Penn. "CA Brigade" Vol. Infantry		
		79th NY	79th NY "Highlanders" Vol. Infantry		
		USAR	U.S. Artillery Reserve		
		USMC	U.S. Medical Corps		

COUPLE or FAMILY MEMBER AFFILIATION

In PART II of this application, each family member was assigned a number; next to each family member's number below,

indicate their unit, corps, or greenhorn status by using the affiliation abbreviations supplied above. If you have a family member who is interested in forming a new unit, just write out the name of the historical unit they would like to recreate next to their number, and the NCWA will contact them to go over the process involved with creating a new unit.

FAMILY MEMBER NUMBERS	UNIT or CORPS AFFILIATION	NEW MEMBERS ONLY: If you chose to join a Unit, your Selected Unit's Commander's Signature (or other authorized signatory) is required below. If you chose to join a Corps, Your Selected Brigade Commander's Signature is required below. Greenhorns do not need a signature.	
01		Signature: _____	Date: _____
02		Signature: _____	Date: _____
03		Signature: _____	Date: _____
04		Signature: _____	Date: _____
05		Signature: _____	Date: _____
06		Signature: _____	Date: _____
07		Signature: _____	Date: _____
08		Signature: _____	Date: _____
09		Signature: _____	Date: _____
10		Signature: _____	Date: _____

PART IV: QUESTIONS

INDIVIDUAL QUESTIONS: PLEASE HAVE EACH MEMBER OF YOUR FAMILY ANSWER ALL OF THE FOLLOWING QUESTIONS! *Just answer the questions on the right by checking the box indicating each person's responses in the column topped with the number they were assigned in PART II of this application. Children 12 & under and intellectually disabled adult children exempted. Your family's answers aide the NCWA in efficiently coordinating members, organizing events, and answering key questions on grant applications.*

FAMILY MEMBER NUMBERS: 01 02 03 04 05 06 07 08 09 10

COMMUNICATIONS *Your answers enable us to get essential organization information to you in the way that works best for you.*

Facebook Connection: Please select all that apply:	I am or will be a member of the private NCWA Closed Group Page	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I have liked or will like the public NCWA Non-Profit Organization Page	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I do not use Facebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YouTube Channel: Please select one option:	I have subscribed or will subscribe to the NCWA YouTube Channel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I do not subscribe to YouTube channels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ORGANIZATION *Your answers enable us to successfully run the NCWA.*

Certifications: Please select all that apply:	I am currently certified in 1st Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I am currently certified in CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Availability: Please select all that apply:	I plan to attend the NCWA's Gibson Ranch Event school day on May 1, 2015.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	I am generally available to assist with NCWA Organized School Presentations (generally occurring between 9am - 3pm, M-F) located in my geographic region	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If given 4+ weeks notice, I can make myself available to assist with NCWA Organized School Presentations (generally occurring between 9am - 3pm, M-F) located in my geographic region	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills: Please indicate if you have any of the following skills and would be willing to volunteer the use of your skills to help run the NCWA:	Accounting/Bookkeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Graphic Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sound/PA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Web Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Attorney/Paralegal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Public Speaking/Acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Committees: Please indicate all committees or activities you have an interest participating in (and remember, the strength you add to our committees and activities, is strength you add to the NCWA!):	Speakers Bureau	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Planning Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Safety Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Public Relations Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Recruiting Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rules/Bylaws Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	First Aide Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rank Ratio Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Internship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PART IV: QUESTIONS (CONTINUED)

FAMILY QUESTIONS: PLEASE HAVE A FAMILY MEMBER ANSWER ALL OF THE FOLLOWING QUESTIONS ON BEHALF OF YOUR FAMILY AS A WHOLE! Answer the questions by either indicating a selection among choices presented, or filling in the blank with your best answer.
Your answers aide the NCWA in efficiently coordinating members, organizing events, and answering key questions on grant applications.

COMMUNICATIONS *Your answers enable us to get essential organization information to you in the way that works best for you.*

<p>Family Mailing Preference: Please indicate your family’s preferred means of receiving important NCWA information, including the Dispatch, the NCWA’s official newsletter.</p>	<p>E-mail preferred (default preference, unless another choice is made) USPS for the Dispatch, E-mail for all other Communications. USPS Mail Preferred (Remember, this choice consumes NCWA Resources and is offered primarily for people who do not use or have access to e-mail)</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
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ORGANIZATION *Your answers enable us to successfully run the NCWA.*

<p>Connections: If you are a member of any other history-related organizations, please let us know so we may better coordinate with them:</p>	
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DEMOGRAPHICS *Your answers enable us to answer common questions encountered on nonprofit grant applications.*

How many years has your family been re-enacting together?	
Did anyone covered by this membership start re-enacting before the others? If so, who, and how long have they been re-enacting?	
If anyone covered by this membership is a military veteran, what is/are their name(s), and with which branch did they/he/she serve?	
What race would OTHERS DESCRIBE YOUR FAMILY as? (Multiple answers are acceptable).	
What ethnic or racial identity would YOUR FAMILY DESCRIBE THEMSELVES as having? (Multiple answers are acceptable).	
Is anyone covered by this membership currently a member of the NRA? If so, who?	

PART V: WAIVER & EMERGENCY CONTACT INFORMATION

Please review the waiver below, and have each family member initial FOR EACH SECTION OF THE WAIVER in the column topped with the number they were assigned in PART II of this application. Children 12 & under and intellectually disabled adult children do not need to initial. Then, provide the information of the designated emergency contact person for everyone covered by this Couple or Family Membership.

INTER-ORGANIZATIONAL ASSUMPTION OF RISK, RELEASE OF LIABILITY, & INDEMNIFICATION AGREEMENT.

REENACTING IS **DANGEROUS**, AND IN CONSIDERATION FOR BEING ALLOWED TO PARTICIPATE IN REENACTING EVENTS ALL PARTICIPANTS MUST SIGN THIS AGREEMENT.

I acknowledge that reenacting events, black powder shooting, and related activities are **DANGEROUS** and entail known and unknown risks that may result in emotional injury, personal injury or **DEATH** to me, or damage to my property, or to other persons or parties, or their property. Such risks of loss, injury or **DEATH** include, but are not limited to: burns, cuts, terrain conditions, heat prostration and related conditions can result from the use of black powder, explosions, impacts from debris, accoutrements, vehicles and/or weaponry, the failure to follow command orders or rules and regulations of event sponsors and host(s), rescue efforts or medical attention provided by anyone connected to the reenacting event, cardiac conditions, falls, or contact with animals.

FAMILY MEMBER NUMBERS (Please initial in the appropriate column):	01	02	03	04	05	06	07	08	09	10
1. ASSUMPTION OF RISK: With full knowledge and appreciation of the dangers, I have made a voluntary choice to participate in reenacting activities and events despite the risks that they present, and I voluntarily agree to assume sole responsibility for ANY AND ALL RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH , that may be sustained by me as a result of participating in these activities unless caused by the gross negligence or willful or wanton misconduct of a "released party" as defined below.										
2. RELEASE: I, on behalf of myself and any party claiming an interest through me (including but limited to, heirs, spouses, parents, children and beneficiaries), voluntarily RELEASE, WAIVE AND DISCHARGE, AND COVENANT NOT TO SUE , the National Civil War Association; the trustees of, officers of, agents of, employees of, or any members of the National Civil War Association; any owner, lessor, or lessee of any property on which the National Civil War Association (hereafter known as the "released party") may conduct any activity; or the sponsors or the organizers of any reenacting events from and for all liability, claims, demands, actions, loss or damage on account of any injury to my/our person (INCLUDING DEATH) or property, whether caused by their NEGLIGENCE or for any other reason, excepting only the gross negligence or willful or wanton misconduct of a "released party," while preparing for, practicing for, traveling to or from, or participating in, any reenacting event.										
3. INDEMNIFICATION: I agree to DEFEND, INDEMNIFY AND HOLD HARMLESS the "released party" from any loss, liability, damage, claims or costs, including court costs and attorney fees, that they may incur arising out of, or related to, my participation in reenacting activities and events, whether caused by their negligence or for any other reason, excepting only their gross negligence or willful or wanton misconduct.										
4. SEPARATION OF RELEASEES: I agree that this ASSUMPTION OF THE RISK, RELEASE AND INDEMNIFICATION AGREEMENT applies separately to each of the "released parties" and that the gross negligence or willful or wanton misconduct of one "released party" will not negate my assumption of the risk, release of, and duty to indemnify any "released parties" who are not grossly negligent or who have not acted willfully or wantonly.										
5. BREADTH: It is the intent of the undersigned that this ASSUMPTION OF THE RISK, RELEASE AND INDEMNIFICATION AGREEMENT shall be as broad and inclusive as is permitted by California law. If any clause, subclause or portion of any sentence is held invalid, I agree that the balance shall continue in full force and effect.										
6. MEDICAL CONSENT/RULES: I consent to whatever medical care might be provided or available to me for any injury occurring during my participation in reenacting activities or events. I further agree to be bound by, and abide by, the rules of the released party while participating in any event or activity sponsored by, or affiliated with, them.										
7. WARRANTY: I have read and understood this ASSUMPTION OF THE RISK, RELEASE AND INDEMNIFICATION AGREEMENT and all its terms. I warrant that no representations, statements or promises have been made to me to induce me to execute this agreement and the I do so voluntarily										

EMERGENCY CONTACT INFORMATION FOR ALL PEOPLE COVERED BY THIS MEMBERSHIP

In the event of an emergency, please contact:

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

PART VI: SIGNATURES FOR WAIVERS, APPLICATION SUBMISSIONS, AND RELEASE OF MINORS TO PARTICIPATE

Please review the terms of the membership agreement into which you are entering below. These terms include acknowledging your acceptance of the NCWA’s waiver in Part V of this form, acceptance of the legal authority of the NCWA as an organization, and a release of any minors in your group to participate in NCWA activities. Once reviewed and understood, **please have all family members sign and date below** next to their Family Member Number, as was assigned to them in Part II of this application. Children 12 and under and intellectually disabled adult children are not required to sign.

AFFIRMATION OF WAIVER

We affirm that we accept all conditions of the NCWA Waiver, from Part V of this form. We further affirm that we have also waived the same rights enumerated in the waiver for any and all minors, 12 years of age or younger, or intellectually disabled adult children that are covered by this membership, and warrant and represent that I am empowered to execute this waiver on their behalf. We further certify that we have initialed the waiver where indicated, acknowledging our acceptance of the terms and conditions of the NCWA Waiver.

APPLICANT AGREEMENT

We, the applicants, by paying the National Civil War Association annual dues and executing all the pages of this application, agree to abide by the By-Laws, Rules and Regulations governing the National Civil War Association, Inc. and said unit or corps thereof, and release them from any and all obligations. We hereby certify that all statements made on this application are true and correct to the best of our knowledge, and understand that any false statement will subject us to disqualification or dismissal. We consent to your seeking information on any of the above information and that we hereby release from liability all persons and organizations furnishing such information.

PARENT/GUARDIAN RELEASE OF MINOR(s) AND APPROVAL TO PARTICIPATE

We, the undersigned, have read and understood this application and all of its terms. We warrant that the above is true and correct in all respects and that no representations, statements, or inducements apart from the foregoing have been made. I warrant that I am the parent or legal guardian of the minor child or children for whom this application applies. And warrant and represent that I am empowered to execute this release on their behalf, and allow them to participate to the fullest extent that is allowed under this organization’s bylaws and rules, as well as any applicable laws.

		SIGNATURES	DATES
FAMILY MEMBER NUMBERS	01		
	02		
	03		
	04		
	05		
	06		
	07		
	08		
	09		
	10		