



FORM 100

2016 INDIVIDUAL 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: _____

Safety Tests Received 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: INDIVIDUAL MEMBERSHIP TYPE

CHECK THE BOX TO INDICATE YOUR MEMBERSHIP TYPE

DEFINITION OF "INDIVIDUAL": a singular person, 18 or older.

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

CATEGORIES OF INDIVIDUAL MEMBERSHIP		PAYMENT	SUPPLEMENTAL DOCUMENTATION
<input type="checkbox"/>	NEW MEMBER <i>An individual who is entirely new to American Civil War reenacting or living history.</i>	\$20	NONE
<input type="checkbox"/>	ANNUAL MEMBER <i>An individual reenactor or living historian who has been a member of an American Civil War reenacting organization previously.</i>	\$30	NONE
<input type="checkbox"/>	SINGLE EVENT <i>An individual reenactor or living historian who wishes to participate in only one event during the year.</i>	\$20	NONE
<input type="checkbox"/>	COLLEGE STUDENT <i>An individual reenactor or living historian who is currently attending a college or university.</i>	\$20	PHOTOCOPY OF STUDENT I.D.
<input type="checkbox"/>	ACTIVE MILITARY <i>An individual reenactor or living historian who is currently an active duty member of the US Armed Forces.</i>	NONE	PHOTOCOPY OF MILITARY I.D.
<input type="checkbox"/>	LIFETIME <i>An individual who has been awarded a lifetime membership in the NCWA.</i>	NONE	NONE
<input type="checkbox"/>	SUTLER <i>An individual who sells 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>An individual who is currently a member of the NCWA Administrative Board.</i>	NONE	NONE

PART II: MEMBER INFORMATION

PLEASE PRINT YOUR RESPONSES

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____

City _____ State _____ Zip _____

Date of Birth _____ Home Phone _____ Cell Phone _____

E-Mail _____ Occupation _____

PART III: AFFILIATION	<input type="checkbox"/> "GREENHORN" NEW MEMBER
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NEW MEMBERS: 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 now, and figure out your impression later, check the box above marked **"GREENHORN" NEW MEMBER**, and an NCWA representative will contact you and help you with selecting an impression that is right for you. If you join a corps or register as a Greenhorn, when you pick your unit, please complete and submit the *NCWA Transfer Form* to let us know your selection.

RENEWING MEMBERS: Please indicate your unit (or corps) of record below. If you wish to change your 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 of the NCWA Check the box next to your corps of record, or the corps you are joining.

<input type="checkbox"/> CONFEDERATE CORPS	<input type="checkbox"/> UNION CORPS	<input type="checkbox"/> CIVILIAN CORPS
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FOR NEW MEMBERS ONLY: Your Selected Brigade Commander's Signature is Required:

Signature: _____ Date: _____

UNITS of the NCWA Check the box next to your unit of record, or the unit you are joining.

C.S. ARMY OF NORTHERN VIRGINIA <input type="checkbox"/> 5th Alabama Infantry <input type="checkbox"/> 9th Virginia Cavalry <input type="checkbox"/> 12th Virginia Volunteer Infantry <input type="checkbox"/> 15th Alabama Hospital <input type="checkbox"/> James River Squadron <input type="checkbox"/> Norfolk Light Artillery Blues	U.S. ARMY OF THE POTOMAC <input type="checkbox"/> 1st U.S. "Berdan's" Sharpshooters <input type="checkbox"/> 2nd Mass. Vol. Cavalry "Cal 100" <input type="checkbox"/> 7th Michigan Volunteer Cavalry <input type="checkbox"/> 7th West Virginia Volunteer Infantry <input type="checkbox"/> 69th NY "Irish Brigade" Vol. Infantry <input type="checkbox"/> 71st Penn. "CA Brigade" Vol. Infantry <input type="checkbox"/> 79th NY "Highlanders" Vol. Infantry <input type="checkbox"/> U.S. Artillery Reserve <input type="checkbox"/> U.S. Medical Corps	AMERICAN CIVILIANS <input type="checkbox"/> Greenville Ladies Aide Society <input type="checkbox"/> NY Irish Solider Relief Society <input type="checkbox"/> Townspersons <input type="checkbox"/> Trades & Professions Guild <input type="checkbox"/> Working Woman's Guild & Sons
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FOR NEW MEMBERS ONLY: Your Selected Unit's Commander's Signature (or other authorized signatory) is Required:

Signature: _____ Date: _____

Interested in forming a new unit? Fantastic!

Just write out the name of the historical unit you would like to recreate with the NCWA in the box below, and a member of the Administrative Board (or an authorized appointee thereof) will contact you to go over the process involved in creating a new unit.

Proposed Unit Name	Unit Corps Affiliation
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PART III ½: 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 year 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"/> Not right now, and thanks for asking!	<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: _____
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PART IV: QUESTIONS

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS!

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.

Mailing Preferences: Please indicate your preferred means of receiving important NCWA information, including the **Dispatch**, the NCWA's official newsletter.

- 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 e-mail*)

Facebook Connection: Please select all that apply:

- I am or will be a member of the private **NCWA Closed Group Page**
- I have liked or will like the public **NCWA Non-Profit Organization Page**
- I do not use Facebook

YouTube Channel: Please select one option:

- I have subscribed or will subscribe to the **NCWA YouTube Channel**
- I do not subscribe to YouTube channels

ORGANIZATION

Your answers enable us to successfully run the NCWA.

Certifications: Please select all that apply:

- I am currently certified in 1st Aid
- I am currently certified in CPR
- I plan to attend the NCWA's Gibson Ranch Event school day on May 1, 2015
- I am generally available to assist with NCWA Organized School Presentations (generally occurring between 9am - 3pm, M-F) located in my geographic region

Educational Availability: Please select all that apply:

- 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

Connections: If you are a member of any other history-related organizations, please let us know

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:

- | | |
|---|---|
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Web Design |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Attorney/Paralegal |
| <input type="checkbox"/> Sound/PA | <input type="checkbox"/> Public Speaking/Acting |

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!):

- | | |
|---|---|
| <input type="checkbox"/> Speakers Bureau | <input type="checkbox"/> Rules/Bylaws Committee |
| <input type="checkbox"/> Planning Committee | <input type="checkbox"/> First Aide Team |
| <input type="checkbox"/> Safety Committee | <input type="checkbox"/> Rank Ratio Committee |
| <input type="checkbox"/> Public Relations Committee | <input type="checkbox"/> Student Internship |
| <input type="checkbox"/> Recruiting Committee | |

DEMOGRAPHICS

Your answers enable us to answer common questions encountered on nonprofit grant applications.

How many years have you been re-enacting?

If you are a military veteran, with which branch did

What race would OTHERS DESCRIBE YOU as?

What ethnic or racial identity would YOU DESCRIBE

Are you currently an NRA member?

- YES
- NO

PART V: WAIVER & EMERGENCY CONTACT INFORMATION

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.

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.

INITIAL HERE _____

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.

INITIAL HERE _____

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.

INITIAL HERE _____

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.

INITIAL HERE _____

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.

INITIAL HERE _____

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.

INITIAL HERE _____

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

INITIAL HERE _____

Print Name: _____ **Signature:** _____

EMERGENCY CONTACT INFORMATION

Date: ____/____/____

In the event of an emergency, please contact: _____

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

Primary Phone: _____ **Secondary Phone:** _____

PART VI: APPLICANT SIGNATURE

I, the applicant, 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 all applicable subsidiaries thereof, and release them from any and all obligations. I hereby certify that all statements made on this application are true and correct to the best of my knowledge, and understand that any false statement will subject me to disqualification or dismissal. I consent to your seeking information

Print Name: _____ **Signature:** _____

Date: ____/____/____