



# FORM 300

## 2018 SUPPORTING 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:	N/A

**INSTRUCTIONS:** FILL OUT THIS FORM COMPLETELY, THEN SUBMIT THIS FORM WITH PAYMENT TO THE N.C.W.A. SECRETARY, EITHER IN PERSON OR VIA MAIL AT:

**3807 ELSTON AVENUE, OAKLAND, CA 94602**

SUPPORTING MEMBERSHIP GRANTS YOU SEVERAL BENEFITS, INCLUDING WAIVED PUBLIC ENTRY FEES FOR NCWA HOSTED EVENTS, LIMITED AFTER-HOURS ACCESS AT NCWA EVENTS, INCLUSION IN NCWA INFORMATIONAL UPDATES, AND ACCESS TO THE NCWA CLOSED GROUP FACEBOOK PAGE. PLEASE NOTE THAT SUPPORTING MEMBERSHIP DOES **NOT** GRANT YOU NCWA VOTING RIGHTS.

### PART I: SUPPORTING MEMBERSHIP TYPE

### CHECK THE BOX TO INDICATE YOUR MEMBERSHIP TYPE

**DEFINITION OF "SUPPORTING MEMBER":** An individual person of any age who does not desire to reenact or participate in living history, though believes in the NCWA's educational mission, and wants to either logistically or materially support the NCWA.

**NOTE:** NCWA supporting membership payments are fully tax deductible if you itemize your deductions on IRS Schedule A.

#### CATEGORIES OF SUPPORTING MEMBERSHIP

#### PAYMENT

- |                          |                                   |  |             |
|--------------------------|-----------------------------------|--|-------------|
| <input type="checkbox"/> | <b>NEW SUPPORTING MEMBER</b>      | <i>An individual who has <b>not</b> previously been a Supporting Member of the National Civil War Association.</i> | <b>\$20</b> |
| <input type="checkbox"/> | <b>RENEWING SUPPORTING MEMBER</b> | <i>An individual who was previously a Supporting Member of the National Civil War Association.</i>                 | <b>\$20</b> |

### 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 II 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"/> <b>Yes!</b> 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"/> Not right now, and thanks for asking!  | <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: _____ |                                   |

**PART III: 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.**

**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.*

**Connections:** If you are a member of any other history-related organizations, please let us know so we may better coordinate with them:

\_\_\_\_\_

**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 with which you are willing to actively volunteer (and remember, any strength you add to our committees and activities, is strength you add to the NCWA!):

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

**PART IV: APPLICANT SIGNATURE**

I, the applicant, by paying the supporting membership dues of the National Civil War Association 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. (NCWA) and all applicable subsidiaries thereof, and release them from any and all obligations. I voluntarily release, waive, discharge, and covenant not to sue the NCWA for any losses I may incur in connection with this membership. I agree to defend, indemnify, and hold harmless the NCWA from any loss, liability, damage, claims or costs that may arise out of my membership. 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 on any of the above information and that I hereby release from liability all persons and organizations furnishing such information.

**Print Name:**

\_\_\_\_\_

**Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_