



# FORM 200

## 2022

### 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 NCWA SECRETARY, EITHER IN PERSON OR BY MAIL TO:

**1896 Rankin Drive, Carson City, NV 89701**

**PLEASE NOTE:** AT YOUR FIRST EVENT OF THE YEAR, PLEASE COMPLETE AND SUBMIT ALL REQUIRED SAFETY TESTS TO YOUR UNIT COMMANDER FOR APPROVAL AND DELIVERY TO THE NCWA SECRETARY. THE NCWA USES SAFETY TESTS APPROVED BY THE **PACIFIC AREA CIVIL WAR REENACTORS (PACWAR)**.

## PART 1: COUPLE or FAMILY 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.).

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

CATEGORIES:	PAYMENT	DOCUMENTATION
<input type="checkbox"/> NEW MEMBERS	\$35	NONE
<input type="checkbox"/> ANNUAL MEMBERSHIP	\$45	NONE
<input type="checkbox"/> SINGLE EVENT	\$35	NONE
<input type="checkbox"/> ACTIVE MILITARY	NONE	PHOTOCOPY OF MILITARY ID
<input type="checkbox"/> SUTLER	NONE	DESCRIPTION OF SERVICES
<input type="checkbox"/> ADMIN BOARD	NONE	NONE
<input type="checkbox"/> LIFETIME	NONE	NONE

All communications from the NCWA will be electronic. If you prefer traditional mail, please check here and include \$5.00 extra to cover mailing expenses.

I have included \$5.00 to cover mailing the *Dispatch* and other NCWA communications.

**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						
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**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 \_\_\_\_\_

**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)
Abbreviations	C.S. ARMY OF NORTHERN VIRGINIA	Abbreviations	AMERICAN CIVILIANS
CSA	CONFEDERATE CORPS	CIV	CIVILIAN CORPS
5th AL	5th Alabama Infantry	GLAS	Greenville Ladies Aide Society
9th VA	9th Virginia Cavalry	NYISRS	NY Irish Solidier Relief Society
12th VA	12th Virginia Volunteer Infantry	T/P	Townspersons
15th AL	15th Alabama Hospital	T&PG	Trades & Professions Guild
JRS	James River Squadron	WWG&S	Working Woman's Guild & Sons
NLAB	Norfolk Light Artillery Blues		
Abbreviations	U.S. ARMY OF THE POTOMAC	Abbreviations	
USA	UNION CORPS		
1st USSS	1st U.S. "Berdan's" Sharpshooters		
CAL 100	2nd Mass. Vol. Cavalry "Cal 100"		
7th MI	7th Michigan Volunteer Cavalry		
7th WV	7th West Virginia Volunteer Infantry		
69th NY	69th NY "Irish Brigade" Vol. Infantry		
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:	Rank: CO:
02		Signature:	Rank: CO:
03		Signature:	Rank: CO:
04		Signature:	Rank: CO:
05		Signature:	Rank: CO:
06		Signature:	Rank: CO:
07		Signature:	Rank: CO:
08		Signature:	Rank: CO:
09		Signature:	Rank: CO:
10		Signature:	Rank: CO:

**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
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**FAMILY MEMBER NUMBERS**

Name: \_\_\_\_\_ Organization: \_\_\_\_\_ Member #: \_\_\_\_\_

REVISED INTER-ORGANIZATION ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT  
REENACTING IS DANGEROUS, AND IN CONSIDERATION OF OR BEING ALLOWED TO PARTICIPATE IN REENACTING  
EVENTS ALL PARTICIPANTS AND PARENTS OF MINORS MUST INITIAL AND SIGN THIS AGREEMENT

I/we 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/us, or damage to my/our property, or to other persons or parties or their property. Such risks of loss, injury of DEATH include, but are not limited to burns, cuts, terrain conditions, heat prostration and related conditions, 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, rescue efforts or medical attention provided by anyone connected to reenacting events, cardiac conditions, falls or contact with animals.

1. ASSUMPTION OF RISK: With full knowledge and appreciation of dangers, I/we have made a voluntary choice to participate in reenacting activities and events despite the risks that they present, and I/we 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/us as a result of participating in these activities unless caused by the gross negligence or willful or wanton misconduct of a "released party" below.  
**INITIAL HERE: \_\_\_\_\_ INITIAL OF MINOR IF 12 OR OVER: \_\_\_\_\_**
2. RELEASE: I/we, on behalf of myself/ourselves and any party claiming an interest through me/us (including but limited to, heirs, spouses, parents, children and beneficiaries), voluntarily RELEASE, WAIVE AND DISCHARGE, AND COVENANT NOT TO SUE, the American Civil War Association, the California Historical Artillery Society, the Civil War Reenactment Society, the National Civil War Association, the Comstock Civil War Reenactors, the American Civil War Society, the War Between The States Historical Association or the Reenactors of the American Civil War; the trustees of, officers of, agents of, employees of, or members of any of these reenacting organizations; any owner, lessor, or lessee of any property on which these reenacting organizations conduct any activity; or the sponsors or the organizers of any reenacting event (singularly "released party" and collectively "released parties") 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: \_\_\_\_\_ INITIAL OF MINOR IF 12 OR OVER: \_\_\_\_\_**
3. INDEMNIFICATION: I/we agree to DEFEND, INDEMNIFY AND HOLD HARMLESS the "released parties" from any loss, liability, damage, claims or costs, including court costs and attorney fees that they may incur arising out of related to my/our 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: \_\_\_\_\_ INITIAL OF MINOR IF 12 OR OVER: \_\_\_\_\_**
4. SEPARATION OF RELEASES: I/we 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/our 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: \_\_\_\_\_ INITIAL OF MINOR IF 12 OR OVER: \_\_\_\_\_**
5. BREADTH: it is the intent of the undersigned that this ASSUMPTION OF 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/we agree that the balance shall continue in full force and effect.  
**INITIAL HERE: \_\_\_\_\_ INITIAL OF MINOR IF 12 OR OVER: \_\_\_\_\_**
6. MEDICAL CONSENT/RULES: I/we consent to whatever medical care might be provided or available to me/us for any injury occurring during my/our participation in reenacting activities or events. I/we further agree to be bound by, and abide by, the rules of the "released parties" while participating in any event or activity sponsored by, or affiliated with them.  
**I INITIAL HERE: \_\_\_\_\_ INITIAL OF MINOR IF 12 OR OVER: \_\_\_\_\_**
7. WARRANTY: I/we have read and understood this ASSUMPTION OF THE RISK, RELEASE AND INDEMNIFICATION AGREEMENT and all its terms. I/we warrant that no representations, statements or promises have been made to me/us to induce me/us to execute this agreement and that I/we do so voluntarily.  
**INITIAL HERE: \_\_\_\_\_ INITIAL OF MINOR IF 12 OR OVER: \_\_\_\_\_**
8. GOVERNING LAW: This agreement shall be interpreted in accordance with, and governed in all respects by, the laws of the State of California.

**Emergency Contact Information:**

In the event of an emergency, please contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

PrimaryPhone: \_\_\_\_\_ SecondaryPhone: \_\_\_\_\_

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**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.

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SIGNATURES		DATES
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**FAMILY MEMBER NUMBERS**