

1ST LEGION, PROVISIONAL ARMY OF THE CONFEDERATE STATES, Inc.

ANNUAL MEMBERSHIP FORM

Please print clearly in blue or black ink. Your PACS sponsored insurance coverage depends on this being accurate.

Check One: <input type="checkbox"/> 1 st Regiment <input type="checkbox"/> 2 nd Regiment <input type="checkbox"/> 3 rd Regiment <input type="checkbox"/> 4 th Battalion
Check One: <input type="checkbox"/> Artillery <input type="checkbox"/> Cavalry (<input type="checkbox"/> Mounted <input type="checkbox"/> Dismounted)
Check One: <input type="checkbox"/> Combatant <input type="checkbox"/> Noncombatant Rank/Position: _____

Company Designation _____

Name _____ **Age** _____

Street _____ **City** _____ **State** _____ **Zip** _____

Email _____ **Contact #** _____

COMPLETE THE FOLLOWING IF YOU ARE TAKING A FAMILY MEMBERSHIP. LIST ALL ADDITIONAL FAMILY MEMBERS.

Name	Com Batant	Non- Com Batant	Rank/Position	Age

Family Members: Families are only those people in the same household on the same tax form listed as wage earners or dependants.
Combatant: Anyone 13 years of age and above that takes the field of battle. All participants must be at least 16 years of age to carry a weapon.
Field participants 13-15 years of age shall participate in battle scenarios as functioning musicians or functional signal corps members only.
Non-Combatant: All impressions that do not take the field of battle. Non-combatants are not allowed to participate in any battle scenarios in any capacity.
Position: Job description or impression description (company commander, soldier, adjutant, courier, cook, laundress, undertaker) or N/A

- Individual Membership, NONCOMBATANT
- Individual Membership, COMBATANT
- Family Membership, NO COMBATANTS
- Family Membership, 1 COMBATANT
- Family Membership, 2 COMBATANTS
- Family Membership, 3 COMBATANTS
- Family Membership, 4 COMBATANTS

Check appropriate box to indicate the membership level. Be sure all adult applicants have signed this form. A parent/guardian must sign if applicable. When you have completed this form, please return it to your company representative with company dues and applicable 1st Legion amount so that it can be sent to your regiment / battalion / brigade by 2/15.

Signature _____ Printed Name _____ Date _____

Signature _____ Printed Name _____ Date _____

Each adult (over 18) applicant must sign form. A parent or guardian must sign for their child(ren) under the age of 18 years as children may not apply without parental permission. If additional space is needed, use the reverse side of this form.