

# 21<sup>st</sup> Michigan Volunteer Infantry Company H

## Membership Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First, Middle Initial and Last

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

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

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

Please indicate whether individual or family membership: \_\_\_\_\_ Individual \_\_\_\_\_ Family\*

\*If family membership, list name and date of birth of family members:

Spouse \_\_\_\_\_  
Name Date of Birth

Child \_\_\_\_\_  
Name Date of Birth

Child \_\_\_\_\_  
Name Date of Birth

Child \_\_\_\_\_  
Name Date of Birth

Child \_\_\_\_\_  
Name Date of Birth

For additional children check box  and add names and date of birth on back.

Will you be portraying? \_\_\_\_\_ Military \_\_\_\_\_ Civilian

Are you a first time Civil War Reenactor? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, list other Unit affiliations: \_\_\_\_\_

Return completed application and annual dues (\$10.00 for individual, \$20.00 for family) to:

c/o 21st Michigan  
17685 Lincoln  
Eastpointe, MI 48021