



# WWII HISTORICAL RE-ENACTMENT SOCIETY Inc.

## 2013 MEMBERSHIP APPLICATION FORM

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1. One member per application. See instruction sheet for further details.
2. A separate signed and notarized parent/guardian form is required for all minor aged members.
3. Some restrictions apply for minor aged members.
4. Expiration is 31 December 2013. For more information see <http://worldwartwohrs.org>
5. Forms that are incomplete, unsigned, lack dues, or do not have unit commander approval will be returned.
6. By mail send with dues to Jonathan Stevens, 0N349 Cottonwood Dr., Wheaton, IL. 60187
7. By email send to HRS Secretary Ron Kapustka [fourboys@ix.netcom.com](mailto:fourboys@ix.netcom.com)

**Member Information** *Please complete all fields.*

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	Middle Initial <input style="width: 95%;" type="text"/>
Street Address <input style="width: 95%;" type="text"/>		
City <input style="width: 95%;" type="text"/>	State <input style="width: 30%;" type="text"/>	ZIP Code <input style="width: 30%;" type="text"/>
Telephone <input style="width: 95%;" type="text"/>	DOB m/d/year <input style="width: 30%;" type="text"/>	Check If Minor Parental Form Attached <input type="checkbox"/>
E-Mail <input style="width: 95%;" type="text"/>		

**Membership Type** *Funds should be payable to "WWIIHRS" Family members must reside at same address;*

<input type="checkbox"/> Regular Member \$20	<input type="checkbox"/> Family Member \$5	<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> E-Payment
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**Unit Affiliation** *WWII HRS chartered units only*

Primary Unit <input style="width: 95%;" type="text"/>
Secondary Unit <input style="width: 95%;" type="text"/>

**Unit Commander** *WWII HRS Unit Commanders only*

Primary Unit Commander <input style="width: 95%;" type="text"/>
Secondary Unit Commander <input style="width: 95%;" type="text"/>

**Agreement and Signature** *\*Primary unit commander approval must include signature*

By submitting this application to the WWII HISTORICAL REENACTMENT SOCIETY, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I agree to follow the World War Two Historical Re-Enactment Society By-Laws, the Safety and Authenticity rules, and I understand that there are dangerous circumstances in re-enacting and do so at my own risk and hold no others responsible for any injury or damages to me or my possessions. The applicant acknowledges that, although membership is not denied to those less than eighteen years of age, certain restrictions apply set forth by the SOCIETY.

Member Signature	Date
Unit Commander Signature Approval*	Date

*For Administrative use only*

Date Received \_\_\_\_\_ Check#/MO#/Other \_\_\_\_\_ Amount \_\_\_\_\_ Date Sent \_\_\_\_\_