



# WWII HISTORICAL RE-ENACTMENT SOCIETY Inc.

## Calendar Year 2010 Application for Membership

1. Please print legibly – ALL INFORMATION MUST BE PROVIDED. Only ONE member per application. Family members must have a separate application.
2. All membership applications require primary unit and CO's signature. Your application will be returned if it has not been completed properly. Only 2010 application forms will be accepted.
3. A signed and notarized PARENT/GUARDIAN FORM must accompany applications for applicants under 18.
4. Members' unit MUST be chartered or in 'Unit Forming' status only. No other exceptions allowed.

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_ D.O.B: / / \_\_\_\_\_

EMAIL: \_\_\_\_\_

PRIMARY UNIT: 105<sup>th</sup> ENGINEER Combat Bn. 30<sup>th</sup> ID

SECONDARY UNIT: \_\_\_\_\_

UNIT CO: Phillip Owens UNIT CO SIGNATURE: Phillip Owens

DUES: (Check one)

\_\_\_\_\_ \$20.00 Single Membership

\_\_\_\_\_ \$25.00 Family Membership (Two Members) \_\_\_\_\_ \$30.00 Family Membership (Three Members)

\_\_\_\_\_ \$35.00 Family Membership (Four Members) \_\_\_\_\_ \$40.00 Family Membership (Five Members)

Family members must reside at the same household address.

I agree to follow the World War Two Historical Re-Enactment Society By-Laws, Safety and Authenticity rules and I understand that there are dangerous circumstances in re-enacting and do so at my own risk. I also certify that I am at least eighteen years old. (If under eighteen years of age, a Parent/Guardian Consent form must be submitted with application. The applicant acknowledges that, although membership is not denied to those less than eighteen years of age, certain restrictions apply. These can be found in the Society's By-Laws.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: / / \_\_\_\_\_

I do  I do not give consent to publish the above information in a WWII HRS Membership Directory.

Make your check/money order payable to: WWII HRS  
Mail your completed forms with payment to:  
CRAIG DVORAK HRS SECRETARY  
5734 S. Peck Ave. Countryside, IL 60525