

28TH MASSACHUSETTS VOLUNTEER INFANTRY REGIMENT



Member Enlistment Form, Calendar Year 20__

<p>Check Only One Box: <input type="checkbox"/> New Enlistment - Please circle T-shirt size: S M L XL Other: _____ <input type="checkbox"/> Re-Enlistment <input type="checkbox"/> Subscription Membership</p> <p>Check All That Apply: <input type="checkbox"/> \$10 Recruit Fee <small>See Note 1 Below</small> <input type="checkbox"/> \$25 Full Member <small>See Note 2 Below</small> <input type="checkbox"/> \$10 Subscriber <small>See Note 3 Below</small> <input type="checkbox"/> \$15 Insurance Only <small>See Note 4 Below</small></p>
--

Name

Address

City/Town

State

Zip Code

() -
Home Phone

() -
Cell Phone

() -
Work Phone

Email

Insured*

Medical Info

Emergency

Instructions

- ✓ Membership runs with the calendar year, expiring on December 31, regardless of the date on which dues are paid.
- ✓ Complete this form, providing all of the information requested. It is crucial that the unit have your *current* email address at all times. If you do not have an email address, please obtain one. Unit communications are distributed electronically.
- ✓ Note 1: A new recruit must pay both this fee and full member dues. The recruit receives a 28th Massachusetts T-shirt.
- ✓ Note 2: Full membership includes insurance, unit e-newsletter, and Yahoo! Group access.
- ✓ Note 3: Subscription includes unit e-newsletter and Yahoo! Group access only.
- ✓ Note 4: Each member of your family 12 years of age or older who will be fielding with you at any time in any capacity other than spectator must be insured. List names in the *Insured** field and include \$15 payment for each individual listed.
- ✓ In the *Medical Info* field, list any existing conditions, injuries or problems you may have that it would be helpful for unit medical staff and/or first responders to know about should you become ill or injured at an event.
- ✓ In the *Emergency* field, provide the name and telephone number of the person(s) you would want us to contact should you become ill or injured at an event.
- ✓ Write a check in the amount of the grand total of all enrollment and insurance fees payable to "28th Mass."
- ✓ Mail your check and completed form no later than January 15 to: **Tom Higgins, 85 Steeple Chase Cir Apt 2, Attleboro, MA 02703** –or– present your form and payment in person no later than the annual meeting to remain a voting member.