

# FOURTH VIRGINIA INF. CO. F *Sign-up*

Date you are filling in this form \_\_\_\_\_

Your full name \_\_\_\_\_ date of birth \_\_\_\_\_

Your spouse's full name \_\_\_\_\_ date of birth \_\_\_\_\_

Residence address \_\_\_\_\_  
\_\_\_\_\_ zip \_\_\_\_\_

Mailing address if different \_\_\_\_\_  
\_\_\_\_\_ zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone or pager (\_\_\_\_) \_\_\_\_\_

Your work phone (\_\_\_\_) \_\_\_\_\_ Your spouse's work phone (\_\_\_\_) \_\_\_\_\_

Your email address \_\_\_\_\_

Is it OK for you to receive emails about 4th Virginia business at this address?  Yes  No

Your spouse's email address \_\_\_\_\_

Is it OK for your spouse to receive emails about 4th Virginia business at this address?  Yes  No

Name of a contact friend or relative not living with you \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Your child's name \_\_\_\_\_ date of birth \_\_\_\_\_

Your child's name \_\_\_\_\_ date of birth \_\_\_\_\_

Your child's name \_\_\_\_\_ date of birth \_\_\_\_\_

Your child's name \_\_\_\_\_ date of birth \_\_\_\_\_

\_\_\_\_\_  
Signature

- NCWC annual membership form enclosed
- NCWC annual dues enclosed: \$15 single, \$30 family. Check made out to "NCWC" or "4th Virginia Infantry."
- 4th Virginia annual dues enclosed (\$15 single, \$20 family). Check made out to "4th Virginia Infantry."
- 4th Virginia annual powder dues enclosed (\$50 per rifle). Check made out to "4th Virginia Infantry."

Note: one check for more than one dues payment is okay. The company clerk will credit the relevant accounts.